## AGENDA CITY COUNCIL MARCH 17, 2015

NOTICE:

### MARCH 17, 2015

5:30-6:30 P.M.

INSURANCE COMMITTEE MEETING

6:30-7:00 P.M.

DOWNTOWN COMMITTEE MEETING

## TOWNSHIP MEETING MARCH 17, 2015

- 1. PRAYER
- 2. PLEDGE OF ALLEGIANCE
- 3. ROLL CALL
- 4. TOWNBOARD MINUTES- MARCH 3, 2015
- 5. PRESENTATION OF COMMUNICATIONS:
- 6. FINANCE: VIRGIL KAMBARIAN, CHAIRMAN
  - A. NOTICE OF ANNUAL TOWN MEETING APRIL 14, 2015
  - B. BILL LIST-MARCH 17, 2015

## CITY COUNCIL MEETING MARCH 17, 2015

- 1. ROLL CALL
- 2. CITY COUNCIL MINUTES-MARCH 3, 2015
- 3. PRESENTATION OF COMMUNICATION
  - A. LETTER-SOUTHWESTERN IL COUNCIL OF MAYORS
  - B. LETTER-TWIGS-LISA GUILLIAMS
  - 4. REMARKS BY MAYOR
- 5. REPORT OF STANDING COMMITTEES:

DOWNTOWN: BRENDA WHITAKER, CHAIRMAN (CITY HALL & BUILDINGS)

A. RESOLUTION TO APPROVE REVISED LETTER OF INTENT REGARDING TRANSFER OF 2001 EDISON AVE, GRANITE CITY ILLINOIS

PLANNING/ZONING, ANNEXATIONS, ENGINEERING AND INSPECTIONS: DAN MCDOWELL, CHAIRMAN

- A. BUILDING & ZONING MONTHLY REPORT -FEBRUARY 2015
- B. BOARD OF APPEALS MINUTES MARCH 4, 2015
- C. HARC AGENDA MARCH 24, 2015
- D. PLAN COMMISSION AGENDA -APRIL 2, 2015

LEGAL AND LEGISLATIVE: RON SIMPSON, CHAIRMAN (CABLE TV, ORDINANCE)

A.

PUBLIC WORKS: DON THOMPSON, CHAIRMAN: (STREET AND ALLEY-SANITATION-INSPECTION-TRAFFIC & LIGHTS)

A. ORDINANCE ESTABLISHING A HANDICAPPED PARKING SPACE FOR TWO YEARS AT 2902 EDWARDS STREET WITHIN THE CITY OF GRANITE CITY, ILLINOIS

POLICE	COMMITTEE:	 CHAIRMAN
	<b>A</b> .	

FIRE: WALMER SCHMIDTKE, CHAIRMAN

A. FIRE DEPARTMENT MONTHLY REPORT-FEBRUARY 2015

WASTEWATER TREATMENT: BILL DAVIS, CHAIRMAN

A. RESOLUTION AUTHORIZING THE OFFICE OF THE TREASURER TO COMPROMISE AND SETTLE A CLAIM OF THE CITY REGARDING A DELINQUENT SEWER BILL (2712 WEST 22<sup>ND</sup> ST)

INSURANCE AND SAFETY: GERALD WILLIAMS, CHAIRMAN

- A. PENDING LITIGATION
- B. RISK MANAGEMENT MONTHLY REPORT 3/13/2015
- C. AN ORDINANCE REQUIRING INSURANCE COVERAGE FOR PERSONS CONDUCTING SPECIFIC EVENTS ON CITY FACILITIES OR CITY PROPERTY

INDUSTRIAL SEARCH AND NEGOTIATIONS: PAUL JACKSTADT, CHAIRMAN

A. ORDINANCE DECLARING CERTAIN REAL ESTATE SURPLUS AND APPROVAL OF AGREEMENT FOR SALE OF 2450 AND 2452 CLEVELAND BLVD. TO HOMEINVESTORS LLC

FINANCE: VIRGIL KAMBARIAN, CHAIRMAN

- A. TREASURERS REPORT-FEBRUARY 2015
- B. PAYROLL-03/15/2015

Report of Officers Unfinished Business New Business

**ADJOURNMENT** 

# MINUTES CITY COUNCIL MARCH 3, 2015

Mayor Ed Hagnauer called the City Council Meeting to order at 7:06 p.m.

ATTENDANCE ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt, Williams, Clerk Whitaker and Mayor Hagnauer were present.

MOTION By Schmidtke, second by Simpson to approve the minutes of the previous meeting on February 17, 2015. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by Davis to approve the request from St. Elizabeth's Catholic Church 5K Run on June 13, 2015, in conjunction with the St. Elizabeth Picnic under the supervision of the Police and Public Works Departments. ALL VOTED YES. Motion carried.

MOTION By Whitaker, second by Thompson to approve a Resolution authorizing the Office of the Treasurer to release demolition lien against 1308 18<sup>th</sup> Street, Granite City, Illinois 62040.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt and Williams. ALL VOTED YES. Motion carried.

MOTION By Whitaker, second by Thompson to place on file the minutes from the Downtown Committee Minutes for February 17, 2015. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Jackstadt to place on file the HARC Minutes from February 24, 2015. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Kambarian to concur with the HARC Board and approve the request for Daylight Donut Shop to operate at 1965 Madison Avenue. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Jackstadt to concur with the HARC Board and approve the request for Micro Brewery at 1312 Niedringhaus Ave. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Thompson to place on file the Planning & Zoning Committee Minutes from February 3, 2015. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Whitaker to place on file the Legal & Legislation Committee Meeting Minutes from February 17, 2015. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Thompson to approve a Resolution urging the Governor and General Assembly to protect full funding of Local Government Distributive Fund Revenues.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt and Williams. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Davis to change the date of the April 7, 2015 City Council Meeting to April 6, 2015 due to the City Election.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt and Williams. ALL VOTED YES. Motion carried.

MOTION By Thompson, second by Whitaker to approve a Resolution to authorize lease of the Animal Control Building to Pound Pets, Inc.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt and Williams. ALL VOTED YES. Motion carried.

MOTION By Schmidtke, second by Thompson to place on file the Fire & Water Committee Minutes for February 17, 2015. ALL VOTED YES. Motion carried.

MOTION By Davis, second by Simpson to suspend the rules and place on final passage an Ordinance to authorize filing suit, and to amend Ordinance 8432, concerning Baily Foods.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt and Williams. ALL VOTED YES. Motion carried.

FINAL PASSAGE: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt and Williams. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Jackstadt to place on file the Insurance Committee Minutes from February 17, 2015 and the closed minutes to remain closed for 6 months. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by Kambarian to place on file a letter from Balke Brown Transwestern regarding 1511 Johnson Road. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by Davis to approve a Resolution to Induce Redevelopment Project by Arnette Pattern Company, Inc. in the Route 3 Corridor Industrial Park Conservation District.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt and Williams. ALL VOTED YES. Motion carried.

MOTION By Kambarian, second by McDowell to approve a Resolution to extend a Waste Hauling and Disposal Agreement (Waste Management through August 31, 2021)

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt and Williams. ALL VOTED YES. Motion carried.

MOTION By Kambarian, second by Williams to place on file the Treasurer's Report for January 2015.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt and Williams. ALL VOTED YES. Motion carried.

MOTION By Kambarian, second by McDowell to place on file the Bill List for February 2015 in the amount of \$2,264,148.80.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt and Williams. ALL VOTED YES. Motion carried.

MOTION By Kambarian, second by Thompson to approve the payroll for the period ending February 28, 2015 in the amount of \$608,645.40.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt and Williams. ALL VOTED YES. Motion carried.

MOTION By Kambarian, second by McDowell to place on file the Finance Committee Minutes for February 17, 2015. ALL VOTED YES. Motion carried.

MOTION by Thompson, second by Schmidtke to adjourn the City Council Meeting at 7:20 p.m. ALL VOTED YES. Motion carried.

MEETING ADJOURNED

ATTEST
JUDY WHITAKER
CITY CLERK

# Southwestern Illinois Council of Mayors

St Clair, Madison, Monroe, Jersey and Surrounding Counties

John Miller-Collinsville President

Mark Eckert-Belleville Vice President

Ray Klein-Smithton Secretary/Treasurer

Members Leo Stewart Jr-Alorton

Brant Walker-Alton Alan Winslow-Bethalto Charles Hilmes-Breese

Ronnie Dell-Dupo Fred Bright-East Alton Herbert Simmons-East Carondelet Alvin Parks-East St Louis

Gary Cornwell-Cahokia Kevin Hutchinson-Columbia

Hal Patton-Edwardsville Gail Mitchell-Fairview Hts

Seth Speiser-Freeburg Mike McCorrmick-Godfrey Tom Thompson-Grafton Ed Hagnauer-Granite City

Larry Bloemker-Hamel James Spann-Hartford Charles Kujawski-Hecker

Joe Michaelis-Highland Richard Perdun-Jerseyville John Hamm III-Madison John Molitor-Marine

Larry Gulledge-Maryville Jerry Cross-Marissa Jerry Daugherty-Mascoutah Michael Todd-Millstadt

Richard Klein-New Athens

Jim Vernier-Shiloh Immediate Past President March 6, 2015

Dear Mayors and Associates:

Mayor Herb Simmons will host this month's meeting on Thursday, March 26, at the East Carondelet Community Center (directions below). Guests are welcome.

JUDY J. WHITAKER RECEIVED

MAR 6 - 2015

CITY CLERK'S OFFICE

GRANITE CITY, IL

Our guest speaker for the evening is St. Clair County Sheriff Rick Watson, who will talk on the challenges law enforcement face.

Reception begins at 6:00 pm, meal at 6:45. Meal cost is \$25, payable to "SWICOM" at the door or in advance. Reservation guarantees payment.

Please make reservations by 5:00 pm Friday, March 20.

Thank you.

Sincerely,

Judith Nelson
Executive Director

Allen ....

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Christy Picard-New Baden Gary Graham-O'Falfon Mile Pagano-Pontoon Beach Tim Lowry-Red Bud Paul Oller-Roxana Richard Schiefer-St Jacob Jason Schlimme-Sparta

Ken Mueller-Swansea Kyle Jones-Trenton Allen Adomite-Troy Ricky Gottman-Vandalia Tom Smith-Waterloo

Fred Ufert-Wood River



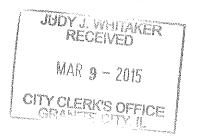
Directions: From 255, take Exit 9 West onto South Main Street in Dupo. Go North on South Main until it turns into North Main. From North Main Street, turn west onto Carondelet Avenue. Carondelet Avenue turns into State Street. Follow State Street to the Community Center, which is just north of the intersection with North Ninth Street.

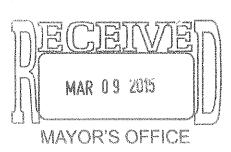
1666 N Bluff Rd = Collinsville, IL 62234 = 618 363-6400



March 4, 2015

Mayor Ed Hagnauer City of Granite City 2000 Edison Granite City, IL 62040





Dear Mayor Hagnauer and the City Council,

As we begin to look forward to summer 2015 we fully expect and are preparing for the free summer lunch program to be in (15) communities. It's hard to believe how quickly the program has grown. Although we are excited about the program's growth and the positive effect it has had in the lives of so many children, the rapid growth also stands as a stark reminder of the battle we are raging against childhood hunger.

The TWIGS program continues to be completely grant & donation funded. Even though individuals, businesses and corporations are generous, we continue to look for ways to help fund this worthwhile cause. To that end, we have again received approval from the Park District Board to host the 4th annual 5k tRUNk on <u>Saturday, May 30, 2015 starting at 8am.</u>

What we once again need from the city is the help of the auxiliary police to block off the following streets for a just a few minutes the morning of the race. The streets include: Park Office entrance, Pool Entrance, 29<sup>th</sup> St., Service road by State St., and Fehling Road as the runners/walkers gather to begin the race. Fehling Road would only have to be closed for approximately 10-15 minutes. By granting our request for help, each of you are supporting our efforts to feed the hungry children in our community and beyond.

If you have questions please feel free to contact me.

Thanks for your consideration and I look forward to hearing from you.

Sincerely,

Lisa Guilliams

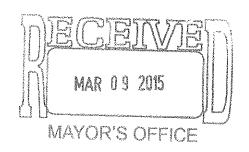
Pastor, Trinity United Methodist Church & Founder/Chief Dreamer of TWIGS®

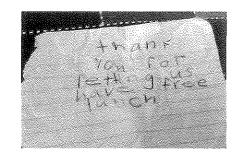
The Family TreeHouse®, 2542 East 25<sup>th</sup> Street, Granite City, IL 62040 618-876-0723

A 501(c)3 Charitable Non-Profit

Email: <a href="mailto:twigsforkids@gmail.com">twigsforkids@gmail.com</a> Website: <a href="mailto:www.twigsforkids.org">www.twigsforkids.org</a> Facebook: <a href="https://www.facebook.com/TwigsTheFamilyTreeHouse">https://www.facebook.com/TwigsTheFamilyTreeHouse</a>







### Greetings,

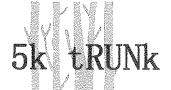
The hand-written note shown at the top right is just one of many thank-you's the Twigs program has received. While we truly appreciate all the notes the children give us, they also serve as a stark reminder of the challenge we face in trying to alleviate childhood hunger in the communities in which we serve.

The Twigs program began in the summer of 2011 with the hope of alleviating childhood hunger in the community of Granite City by serving free summer lunches to children who receive free and reduced lunches during the school year. Since then, Twigs has expanded into 12 communities; serving well over 56,000 lunches in the last two summers. As the summer program continues to expand, Twigs has also embarked on two other programs still aimed at battling childhood hunger. The first program is in partnership with the St. Louis Area Foodbank and is called the Mobile Market. The first Tuesday of each month the volunteers gather in (2) locations to distribute 10,000+ pounds of food to families in the Granite City area. The second program, Twigs Pack-a-Sack provides the most at-risk children in the Granite City School District with a sack of food each weekend. Currently, 141 bags of food are delivered to the schools each Friday. This program has also grown and now includes the children in the Wood River, Hartford, South Roxana and Brighton School Districts. While need continues to grow, the expanse of this program will only be as large as our financial means can provide.

The 5K tRUNk raises crucial funds for the Twigs program. The money raised through this race helps purchase food items needed for the summer program and for Pack-a-Sack. TWIGS® is a division of The Family Treehouse®, a 501(C)3 Nonprofit Corporation. Please consider sponsoring the third annual 5K tRUNk run/walk. The sponsorship levels are listed on the pages included with this letter. Please also plan to come out and participate in the event on May 30, 2015! Feel free to contact us at <a href="twigsforkids@gmail.com">twigsforkids@gmail.com</a> with any questions. We appreciate your time and your consideration of this important community program.

# Top 10 Reasons you should sponsor the tRUNk 5K to support Twigs®:

- 1. Twigs is a feeding program that provides a free lunch for any school age child (and younger), Monday-Friday, throughout the summer.
- All of the proceeds of the fRUNk SK go to Twigs!
- 3. Twigs started in Granite City, but now has feeding sites in Granite City, South Roxana, Madison, Coulterville, Tilden, Glen Carbon, Wood River, Mitchell, Hartford, Pontoon Beach, Columbia and Cahokia
- 4. Your company name will go on the backs of the race T-shirts, and we always pick out the coolest colors to catch potential customers' eyes!
- 5. Twigs has grown from serving 2,513 lunches in 2011 to 56,000+ in 2013 and 2014.
- 6. The Branch Level Sponsorships and above get at least one free race entrance. Helping people and staying healthy—what could be better?
- 7. Twigs is anticipating being in 15 communities in 2015.
- 8. Your sponsorship dellars stay within your community. What a way to give back!
- 9. Since Twigs® is a division of The Family Treehouse®, a 501©3 Nonprofit Corporation, your donation to this 5K is tax deductible.
- 10. All of the good things that Twigs is doing wouldn't be possible without vponsors/partnerships with businesses like yours!!



May 30, 2015 - 8:00am

## Premier Sponsorship Level - \$1,500

- Only one sponsorship available at this level
- Business logo display largest on back of race shirt
- Business logo on all race promotional materials
- Business logo on all race fliers
- Business Recognized in all pre-race and post-race announcements
- Business logo and link posted on Facebook page as sponsor
- Opportunity for distribution of marketing materials and/or product samples in race bags
- Business logo on banners displayed at race day registration and at finish line
- Access to race participants mailing and email list if requested
- 4 complimentary race entries

# Signature Sponsorship - \$1000

- Only two sponsorships available at this level
- Business logo display second largest on back of race shirt
- Business logo on all race promotional materials
- Business logo on all race fliers
- Business Recognized in all pre-race and post-race announcements
- Business logo and link posted on Facebook page as sponsor
- Opportunity for distribution of marketing materials and/or product samples in race bags
- Business logo on banners displayed at race day registration and at finish line
- Access to race participants mailing and email list if requested
- 3 complimentary race entries

1 is Taken!



May 30, 2015 - 8:00am

### tRUNk Timer Sponsorship - \$750

- Only one sponsorship available at this level
- The only business logo displayed on banner on the time clock used at the finish line
- Business logo displayed on back of race shirt
- Business logo on all race fliers
- Business recognized in all pre-race and post-race announcements
- Business logo and link posted on Facebook page as sponsor
- Opportunity for distribution of marketing materials and/or product samples in race bags
- 3 complimentary race entries

### Root Sponsorship - \$500

- Business logo display on back of race shirt
- Business logo on all race fliers
- Business recognized in all pre-race and post-race announcements
- Business logo and link posted on Facebook page as sponsor
- Opportunity for distribution of marketing materials and/or product samples in race bags
- Business logo on banners displayed at race day registration and at finish line
- 2 complimentary race entries

# <u> Branch Sponsorship - \$300</u>

- Business logo display on back of race shirt
- Business logo on all race fliers
- Business recognized in all pre-race and post-race announcements
- Opportunity for distribution of marketing materials and/or product samples in race bags
- 1 complimentary race entry

# Leaf Sponsorship - \$150

- Business logo display on back of race shirt
- Business recognized in all pre-race and post-race announcements
- Opportunity for distribution of marketing materials and/or product samples in race bags

# Seed Sponsorship - \$50-\$100

- Business name displayed at registration/packet pick-up table
- Business recognized in all pre-race and post-race announcements
- Opportunity for distribution of marketing materials and/or product samples in race bags



May 30, 2015 - 8:00am

Signature:

2015 5k tRUNk Sponsorship Form
Organization Name:
Address:
Contact Name:
Phone:
Email:
Sponsorship Level:
• • • • • • • • • • • • • • • • • • • •

# Please send Sponsorship Letters to:

Date:

Twigs® 2803 Warren Avenue Granite City, IL 62040

Please make all checks payable to Twigs

Email business logos to <a href="mailto:twigsforkids@gmail.com">twigsforkids@gmail.com</a> to be placed on marketing materials, no later than April 15, 2015

# Resolution to Approve Revised Letter of Intent Regarding Transfer of 2001 Edison Ave, Granite City, Illinois

WHEREAS, the City of Granite City, Illinois, is a Home Rule Unit pursuant to the provisions of Section 6 of Article VII of the 1970 Illinois Constitution;

WHEREAS, the City of Granite City is the owner of 2001 Edison Ave, Granite City, IL 62040 a/k/a the former YMCA building;

WHEREAS, proposed purchaser, Intrepid Engineering Group, LLC has requested a Letter of Intent regarding a proposed future contract between the City of Granite City and themselves for the transfer of said property;

WHEREAS, this Council previously approved a similar Letter of Intent for this transfer but through further negotiations with the Intrepid Engineering Group, LLC a revised Letter of Intent has been developed which is attached hereto as Exhibit A;

WHEREAS, it would be in the best interest of the City of Granite City to issue the requested Letter of Intent to state the steps required by the City of Granite City to begin moving forward with this proposed transfer.

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Granite City finds that:

It is in the best interest of the City of Granite City to issue the attached Letter of Intent to Intrepid Engineering Group, LLC. The Mayor's office and his staff are authorized to handle all necessary paperwork needed to submit this Letter of Intent.

	day of, 2015.	l of the City of Granite City th	.1S
day	Approved by the Mayor of of, 2015.	the City of Granite City this	
	City Clerk	Mayor Edward Hagnauer	

83141

### LETTER OF INTENT REGARDING THE TRANSFER OF 2001 EDISON AVE, GRANITE CITY, IL

WHEREAS, the City of Granite City, an Illinois Municipal Corporation, ("City"), is the Owner of 2001 Edison Ave, Granite City, IL 62040 ("Premises"), and

WHEREAS, the INTREPID ENGINEERING GROUP, LLC, A Wyoming Limited Liability Corporation, ("IE GROUP"), is interested in taking over ownership of the Premises, and

WHEREAS, the parties desire to set forth in this Letter of Intent ("Letter") their general understandings and agreements, subject to the final terms of a written Real Estate Sale Contract to be submitted and approved by both parties in the future, and

NOW THEREFORE, the City is willing to enter into a finalized Real Estate Sale

Contract with IE Group within the next 12 months provided the IE Group provides the City with
the following items:

- 1) A construction plan regarding the full renovations of the Premises drafted completely by a third party architect licensed by the State of Illinois. Said plans MUST include a detailed cost estimate for the full rehabilitation of the Premises. The City must be provided said completed construction plans within 6 months of the execution date of this Letter;
- 2) A letter from a financial institution, satisfactory to the City, attesting the IE Group has the funds to complete the intended hotel renovation project within 6 months of the delivery of the Construction Plan described in paragraph 1 above to the City.
- 3) A Sources and Uses document within 6 months of the delivery of the Construction Plan described in paragraph 1 above to the City; and

- 4) A letter of intent or other satisfactory proof that the Marriott hotel chain, or other reputable hotel chain which is acceptable to the City, is fully involved in the renovation project on the Premises within 6 months of the delivery of the Construction Plan described in paragraph 1 above to the City.
- 5) Proof of a Performance Bond with Surety, in an amount no less than \$200,000.00, the terms of which must be satisfactory to the City of Granite City within 6 months of the delivery of the Construction Plan described in paragraph 1 above. The rating of said Bond shall comply with the requirements stated in 30 ILCS 550.

If the IE Group, however, is unable to provide any one of the above requirements in the time frame listed then the Letter of Intent is void and the City is able to move forward with any other projects regarding the Premises as it sees fit.

The Letter of Intent and all future contracts are subject to final approval of the City of Granite City.

Dated this	day of	, 2015		
			Edward Hagnauer, Mayor	



# Tity of Granite ( 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

Inspection Department

### MONTHLY REPORT TO CITY COUNCIL

### **BUILDING & ZONING DEPARTMENT**

JUDY J. WHITAKER RECEIVED MAR I I 2015

### **FEBRUARY 2015 REPORT**

OTTY CLERK'S OFFICE The Building & Zoning Department no longer issues free permits for charities, tax exempte City it organizations or governing bodies. The number of permits sold will not necessarily reflect the number of inspections required.

FEBRUARY 2015		> » - » - b - r	 Permits
Building Permits		76	\$ 3,898.00
<b>Electrical Permits</b>		67	\$ 3,870.00
Mechanical Permits		27	\$ 1,820.00
Plumbing Permits		26	\$ 2,286.00
Occupancy Permits		145	\$ 5,200.00
Fence Permits		1	\$ 40.00
Sewer Permits		12	\$ 900.00
Razing Permits DEMO		3	\$ 120.00
Excavating Permits		1	\$ 60.00
SIGN Permits		1	\$ 272.00
HARC		0	\$ -
Planing & Zoning		0	\$ -
Board of Appeals		0	\$ -
Graphic Review		0	\$
Plan Review		0	\$ _
Finger Print Processing		20	\$ 1,113.00
Oversize Load		2	\$ 60.00
Flood Zone Certificate		0	\$ -
(Stationary Eng. Renewa	als)	3	\$ 30.00
Cell Tower		0	\$ -
TOTALS		384	\$ 19,669.00

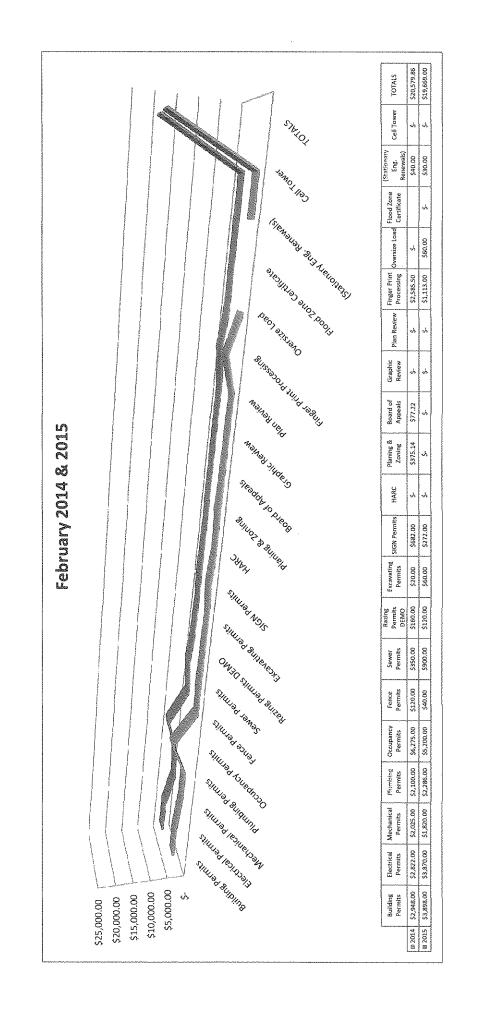
### APPROX. CONSTRUCTION VALUE BASED ON

### BUILDING PERMITS ISSUED THIS MONTH

233,995.97

We Charge a fee for owner occupied, new home sales and temporary utility permits. The number of permits will not reflect the number of trips needed to ensure compliance.

Submitted - March 11, 2015 Sheila Nordstrom, Secretary Building & Zoning Dept.





# Granite Cil

Inspection Department

2000 Edison, Ground Floor Granite City, IL 62040

Phone (618) 452-6218 Fax: (618) 452-6246

**Board of Appeals** MINUTES March 4. 2015

MAR 9 - 2015

OTTY CLERK'S OFFICE

The Granite City Board of Appeals met on Wednesday, March 4, 2015. Acting Chairman Kitty Reither called the meeting to Order at 7:00 PM.

#### WELCOME

The Acting Chairman, Kitty Reither, welcomed everyone and began the meeting by requesting Roll Call.

#### ROLL CALL

Members Present: Kitty Reither, Michael Fultz, Bart Mercer, and Andy Rains. Also present: Zoning Administrator Steve Willaredt. Excused absence: Sam Akeman and Victoria Mertz.

### COMMENTS/SWEAR IN

The Chair explained to the Petitioners the Board of Appeals is a recommending body to the City Council and the Council will have the final determination at their next regularly scheduled meeting to be held on March 17, 2015. He then asked the Petitioners to stand and they were sworn in.

#### MINUTES / AGENDA

A motion to approve the Minutes from the previous meeting held January 7, 2015, and this evening's Agenda was made by Michael Fultz and seconded by Bart Mercer. Voice vote. All ayes. Motion carried.

PETITIONER (1):

Dennis Heider

2809 Maryville Rd.

Parcel ID: 22-2-20-16-10-105-025

A request to allow a four and one half  $(4 \frac{1}{2})$  foot variance to construct a 20 x 22 foot attached garage to the existing home.

In a District Zoned R-2 Single Family Residential.

Mr. Heider related that he is handicap, using a wheel chair, he is requesting to attach a 20 x 22 foot garage to the existing home to aid him in getting in and out of his vehicle during inclement weather. With the existing carport he is not able to use his wheel chair to exit his home and get in his vehicle safely. The garage would allow him to have a ramp on the interior of the home, plus enough space to open the vehicle doors to enter or exit the vehicle safely. Mr. Heider present drawing of the proposed garage and figures indicating the size and the distance from the neighboring property. He related that he had the property surveyed and the actual distance, once the garage would be built, would be nineteen (19) inches from the property line, not eleven (11), as indicated on the drawing. The drawing and figures presented were entered into the file.

The Chair called for questions, comments or concerns. None voiced. She also noted that no one was in the audience to either agree or disagree with the Petition.

MOTION by Michael Fultz and seconded by Bart Mercer to allow the four and one half ( $4 \frac{1}{2}$ ) foot variance to construct a 20 x 22 attached garage to the existing home. Roll call vote. All ayes. Motion carried by unanimous consent.

### NEW BUSINESS

None voiced.

### UNFINISHED BUSINESS

None voiced.

**MOTION** to Adjourn by Michael Fultz and seconded by Bart Mercer. Voice vote. All ayes. Motion carried.

Respectfully submitted, Steve Willaredt Zoning Administrator Board of Appeals

# BOARD OF APPEALS ADVISORY REPORT

03-04-15

PETITIONER (1):

Dennis Heider

LOCATION:

2809 Maryville Rd.

REQUEST:

Petition to allow a four and one half  $(4 \frac{1}{2})$  foot variance to construct a 20 x 22 ft. attached garage to the existing home in a District Zoned B. 2 Single Family Decidential

in a District Zoned R-2 Single Family Residential.

MOTION

by Michael Fultz and seconded by Bart Mercer to grant the request to allow the four and one half  $(4 \frac{1}{2})$  foot variance to construct a 20 x 22 ft attached garage to the existing home.

Roll Call Vote:

Kitty Reither

Yes

Bart Mercer

No

Michael Fultz

Yes

Andy Rains

Yes

All ayes. Motion carried by unanimous consent.



# City of Granite City

Inspection Department

2000 Edison, Ground Floor Granite City, IL 62040

Phone: (618) 452-6218 Fax: (618) 452-6246

# Historical & Architectural Review Commission UDY J. WHITAKER Agenda

March 24, 2015

MAR 9 - 2015

CITY CLERKS OFFICE

A meeting of the Historical & Architectural Review Commission will be held on Tuesday, March 24, 2015 at 5:30 PM, in the second floor Council Chambers, City Hall Building, 2000 Edison Avenue, Granite City, Illinois.

- 1). Call to Order
- 2). Roll Call
- Approval of Minutes & this evening's Agenda 3).
- PETITIONER: 4).

**Shelly Walters** 

Art & Portrait Studio 1206 Niedringhaus Ave.

Zoned: D-1 Arts & Entertainment Sub-District Request to establish an Art & Portrait Studio in a District Zoned D-1 Arts & Entertainment Sub-District

- New Business
- Unfinished Business
- Adjournment

Copies: Mayor & City Council

# Historical Architecture Review Committee Certificate of Appropriateness Application

Dear Applicant,

Thank you for choosing the Downtown HARC District to locate your business. The business community is a vital ingredient in the continuing growth of Granite City.

Information Required:

Every application submitted to HARC for review and approval must contain the following information before the application can be scheduled for the HARC meeting.

- a). Site plan of the property and all structures located on the property.
- b). Description of shape and dimensions of the lot.
- c). Photograph of lot and existing structure.
- d). Color drawings of proposed structures and modifications.
- e). Samples of all proposed materials, i.e. brick, siding, roofing, fencing, etc.

Applicant: _Shelly Walters_ Mail Address1827 Spruce Date:2-23-15
Name and Address of proposed business: Lilith Photography
1206 Niedringhaus Ave
This permit is for: X D1 Arts and Entertainment D2 Commercial D3 Industrial D4 Residential
Describe the type of business:Art & Portrait Studio
Name of Property Owner: Shelly Walters  Address: 1827 Spruce  Telephone & Fax: 618-219-0691
Telephone & Fax:618-219-0691
Applicant: (Person to receive meeting notices and mailings)
Name: Shelly Walters
Mailing Address: 1827 Spruce
1elephone & Fax: 618-219-069
Email Address: shellywalters(a)att.net
Date of Original Construction:
Briefly describe property as it currently exists: Ralph Building

Construct a new addition  X New sign or awning (describe)  Add or change to outside lighting Site work (patio, fence, etc.)	
Add to or change outside sign	
Other	
Describe all exterior changes: None at this time	
What are the hours of operation?	,
	2-23-15
Signature of Applicant	Date

Page two of two pages.

# NOTICE OF PUBLIC HEARING HISTORICAL & ARCHITECTURAL REVIEW COMMISSION

NOTICE IS HEREBY GIVEN TO ALL PARTIES CONCERNED, that pursuant to Section
15-920 of Zoning Ordinance No. 3818 of the City of Granite City, Illinois, the Historical and
Architectural Commission will hold a public hearing in the Second Floor Council Chambers.
2000 Edison Avenue, City Hall Building, of said City of Granite City Illinois, at the hour of
5:30 PM on Tuesday, the24day ofMARCH, 2015 at which meeting it will
consider a Petition to review proposed business changes within the HARC District as the same
affects the following described real estate, to wit: (legal description/lot or block/subdivision.)
ORIGINAL PLAT RESUBD OF LOT 1 BLK 47 LOT 19, 20 & 30 134 X 130.5
IRR commonly known as 1206 NIEDRINGHAUS
Said proposal will change said real estate as described above from its present use as:
_VACANT STORE FRONT _to proposed use asART & POTRAIT STUDIO .
District Zoned <b>D-1</b> .
Shelly Walters
Shelly WaltersPetitioner
******************************
Petitioner's Name:SHELLY WALTERS
Mail Address: 1827 SPRUCE
Mail Address:1827 SPRUCE
*******************************
Petitioner Please note: Publication is Mandatory. It is the responsibility of the Petitioner to have
this notice published, one time only, no more than 30 days before the meeting and no less than 15
days before the date of the meeting. Your meeting date is:
You may use one of the following dates to comply with the above named requirement:
MARCH 4, 2015 MARCH 11, 2015

Allow 4 business days notice to Suburban Journals prior to the publication date for their processing.

For choice of publication date and payment arrangement contact: Tanya Lemons

Suburban Journals / St. Louis Post-Dispatch / STLtoday.com

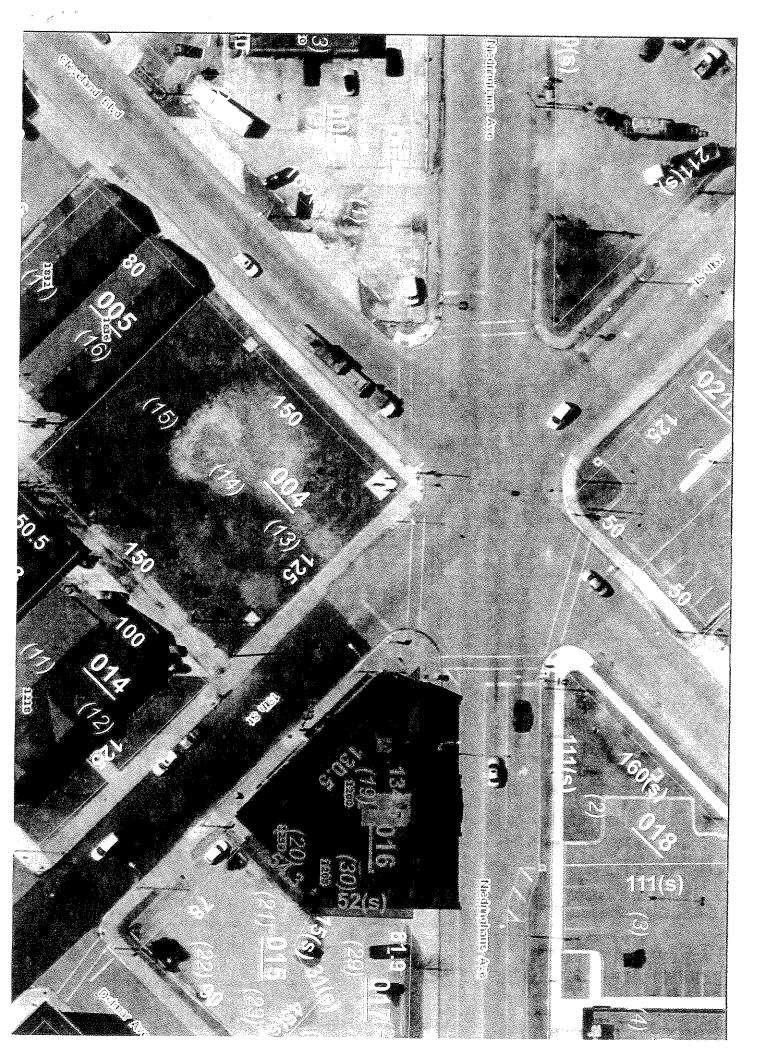
900 N. Tucker Blvd., St. Louis, MO 63101

Direct: (314) 340-8549

Toll Free: (800) 365-0820 ext 8549

Fax: (314) 340-8665

E-mail: tlemons@post-dispatch.com



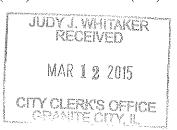


# City of Granite

Inspection Department

2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

AGENDA PLAN COMMISSION Meeting April 2, 2015



A meeting of the Plan Commission will be held on Thursday, April 2, 2015, at 7:00 PM, in the Second Floor Council Chambers, City Hall Building, 2000 Edison Avenue, Granite City, Illinois.

- 1). Pledge of Allegiance & Swear In
- 2). Roll Call Comments
- 3). Approval of Minutes (December 4, 2014) & this evening's Agenda
- 4). Council Report
- 5). PETITIONER:

Gary Eberhardt, trustee of the

**Gary Eberhardt Revocable Trust** Parcel ID: 22-1-20-03-00-000-001

Request to establish a Wetland Bank in an Agricultural District.

- 6). New Business
- 7). Unfinished Business
- 8). Adjournment

Copies: Mayor & City Council City Clerk's Ofc / Posting Members of Plan Commission Derek/Madison County Planner KMOV / 2 copies

### ORDINANCE NO. \_\_\_\_

# AN ORDINANCE ESTABLISHING A HANDICAPPED PARKING SPACE FOR TWO YEARS AT 2902 EDWARDS STREET WITHIN THE CITY OF GRANITE CITY, ILLINOIS

WHEREAS Sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and,

WHEREAS it is the recommendation of a Committee of the City Council that certain handicapped spaces be designated by the City Council,

NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY
OF GRANITE CITY, MADISON COUNTY, ILLINOIS, AS FOLLOWS:

**SECTION 1:** There is hereby designated one handicapped parking space at **2902 Edwards Street** within the City of Granite City, Illinois, per Granite City Municipal Code Sections 10.34.190 and 10.34.195, as now or as hereafter amended. It is hereby declared unlawful to park any motor vehicle in said handicapped parking space, which is not bearing registration plates or decals issued by a Secretary of State designating the vehicle is operated by or for a handicapped or disabled person.

**SECTION 2:** The Public Works Department for the City of Granite City shall clearly mark and identify the said handicapped parking space by erecting and maintaining one or more disabled parking signs, in a form approved by the Department of Transportation, at said handicapped parking space designating said parking restriction.

SECTION 3: It shall hereby be illegal for any person, firm, corporation, agent, association, or employee to park any motor vehicle at any time in violation of the reservation and restriction created herein. Any person, firm, corporation, agent, association, or employee who violates any provision of this ordinance shall be subject to a fine as provided by Section 10.34.200 of the Municipal Code, as now or as hereafter amended. A separate offense shall be deemed committed

on each day during or on which a violation occurs or continues.

**SECTION 4:** The terms of any ordinances or provisions thereof in conflict herewith are hereby repealed.

**SECTION 5:** This Ordinance shall be in full force and effect from and after its passage and approval. This Ordinance shall sunset and expire without further action by the Granite City City Council, and be without force or effect, on and after March 17, 2017. This Ordinance may be published in pamphlet form by the City Clerk.

PASSED by the City Council of the City of Granite City, Illinois, this \_\_\_\_\_ day of March, 2015.

APPROVED:	
Edward Hagnauer, Mayo	r
ATTEST:	
Judy Whitaker City Cler	k

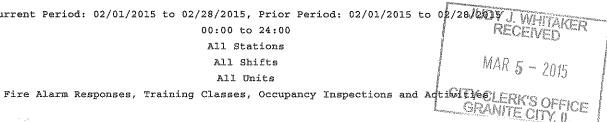
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### Granite City Fire Department

### Departmental Activity Report

Current Period: 02/01/2015 to 02/28/2015, Prior Period: 02/01/2015 to 02/28/2019 J. WHITAKER

00:00 to 24:00 All Stations All Shifts



18.			CITY IL	
	Current	Period	Prior D	eriod
Category	Count	Staff Hrs	Count	Staff Hrs
Fire Alarm Situations				
Chemical release, reaction, or toxic	2	01:32	2	01:32
Dispatched and cancelled en route	6	01:21	6	01:21
Electrical wiring/equipment problem	2	16:51	2	16:51
Emergency medical service (EMS) Incident	2	03:30	2	03:30
False alarm and false call, Other	10	20:17	10	20:17
Good intent call, Other	6	04:36	6	04:36
Hazardous condition, Other	4	04:47	4	04:47
HazMat release investigation w/no HazMat	1	00:48	1	00:48
Lock-In	1	00:45	1	00:45
Medical assist	104	141:10	104	141:10
Mobile property (vehicle) fire	1	02:47	1	02:47
Natural vegetation fire	1	00:57	1	00:57
Rescue, emergency medical call (EMS),	5	17:45	, 5	17:45
Service call, Other	3	04:24	3	04:24
Smoke, odor problem	3	07:21	3	07:21
Special type of incident, other	1	00:19	1	00:19
Steam, Other gas mistaken for smoke	1	02:51	1	02:51
Structure Fire	3	160:21	3	160:21
System or detector malfunction	5	20:43	5	20:43
Unauthorized burning	2	01:19	2	01:19
Unintentional system/detector operation	5	19:34	5	19:34
	168	434:03	168	434:03
Training				
Advanced Cardiac Life Support	3	10:00	3	10:00
APPARATUS TRAINING	2	04:00	2	04:00
Basic Trauma Life Support	4	04:00	4	04:00
Drivers Training	2	02:00	2	02:00
Electrical Safety	28	26:36	28	26:36
Emergency Medical Services	21	17:00	21	17:00
EMS Legal Responsibilities	2	02:00	2	02:00
EMS PROTOCOL &TEXT	4	04:00	4	04:00
FIRE BEHAVIOR	2	02:00	2	02:00
Firefighter II	8	12:00	8	12:00
LADDERS	8	12:00	8	12:00
LUCAS Device	4	02:00	4	02:00

<sup>\*</sup> Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

## Granite City Fire Department

## Departmental Activity Report

Current Period: 02/01/2015 to 02/28/2015, Prior Period: 02/01/2015 to 02/28/2015

00:00 to 24:00

All Stations

All Shifts

All Units

Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities

	Current	Period	Prior P	eriod
Category	Count	Staff Hrs	Count	Staff Hrs
Training				
MAINTENANCE	5	05:00	5	05:00
MAPS	4	04:00	4	04:00
Military Ordnance Identification class	24	72:00	24	72:00
ON SCENE FIREFIGHTING	4	00:00	4	00:00
Pediatric Advanced Life Support	1	04:00	1	04:00
Personal Protective Equipment	1	09:00	1	09:00
PHYSICAL TRAINING	23	27:49	23	27:49
Psychological Emergencies	9	18:00	9	18:00
PUMP OPERATION	2	02:00	2	02:00
Quick Clot online Training	1	00:15	1	00:15
REPORT WRITING	2	02:00	2	02:00
SCBA Donning Methods	12	20:00	12	20:00
SMALL TOOLS & EQUIP	3	04:00	3	04:00
SPRINKLER SYSTEMS	8	23:00	8	23:00
STREETS	11	10:45	11	10:45
	198	299:25	198	299:25

<sup>\*</sup> Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

# Granite City Fire Department 2300 Madison Ave.. Granite City, IL. 62040



dministered Meds Count Mutual Aid Assignments Provided	3	Mutual Aid Assignments Received	02/01/2015 To: 02/2
Abbott Ambulance	3	PATRONICAL DESCRIPTION OF THE STATE OF THE S	ALACHA DARROTT COMMUNICATA DE TRANSPORTA MONTA ANO COMMUNICATA DE COMPANSA DE
Total EMS Assignments Provided		The control of the co	
4440-02	147	45.1 %	
4443-01	9	2.8 %	Section 1
4447-03	169	51.8 %	5. 4 d
4449-04	1	0.3 %	
No Patient At Scene Assignments			
Call Volume Day of Week Analysis			
Monday	54	16.6 %	
Tuesday	43	13.2 %	
Wednesday	51	15.6 %	
Thursday	47	14.4 %	
Friday	44	13.5 %	f = f =
Saturday	42	12.9 %	······································
Sunday	45	13.8 %	
Call Volume by Hour Analysis			
O	10	3.1 %	Percental Percentage of the State of the Sta
1	6	1.8 %	######################################
2	4	1.2 %	
2 3	8	2.5 %	
4	4	1.2 %	
5	6	1.8 %	
6	13	4.0 %	
7	16	4.9 %	
8	14	4.3 %	
9	13	4.0 %	POPPHINE PROGRAP PROPERTY PROGRAP PROGRAP PROPERTY PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY PRO
10	17	5.2 %	
11	28	8.6 %	
12	13	4.0 %	
13	17	5.2 %	ت د داده الاستاد المساورة المساورة المساورة المساورة المساورة المساورة المساورة المساورة والمساورة
14	19	5.8 %	
15	24	7.4 %	٠٠١٠ - ١٠١٠ - ١٠١٠ - ١١٠ - ١١٠ - ١١٠ - ١١٠ - ١١٠ - ١١٠ - ١١٠ - ١١٠ - ١١٠ - ١١٠ - ١١٠ - ١١٠ - ١١٠ -
16	16	4.9 %	
17	19	5.8 %	
18	16	4.9 %	
19	13 11	4.0 % 3.4 %	15 P   15 P   15 P   15 P   16
20 21	16	4.9 %	
22	10	3.1 %	
23	13	4.0 %	
Miles to Scene Analysis			
.1 - 5	2	100.0 %	
Miles to Destination Analysis	<mark>1984 ga maga tagang kang kang kang kananan kananan kananan kananan kananan kananan kang kanan kan</mark>		
.1 - 5	153	73.6 %	
05 - 10	11	5.3 %	
10 - 15	38	18.3 %	
15 - 20	4	1.9 %	

1 of 9

20 - 25 30 - 40	1 1	0.5 % 0.5 %	
			0
Miles to Base Analysis			
Crew Shift Assignments Analysis			3
2	103	31.6 %	gargan ya miganga a ja maman ya maman a maman kankhakan a la kalika kali a kalika ka da aliaka la manda a l
3	115 108	35.3 % 33.1 %	ngaya magaya ya gagaya ya adaada dadada a labada dalamada labida labada ladaana
	TOO	JJ. 1 /8	
Responded From Assignments A			3 autorioristi aut
Hospital	34	10.4 %	***************************************
On Street in City	20	6.1 %	
On Street out of City Station 1	1 1 <del>64</del>	0.3 % 50.3 %	THE THE PARTY OF T
Station 1	104	0.3 %	
Station 3	106	32.5 %	
Stations	100	V2.V /0	
District Assignments Analysis	24000044004000000000000000000000000000	анеатотнерательствання оснавления выпутенти выстроного постана при стана выпутення выпутент выпутенти выпутент	3
A.) Me	1	0.3 %	
Non-Resident	83	25.9 %	
Resident	237	73.8 %	
Location City Analysis			3
GRANITE CITY	324	99.4 %	
MADISON	1	0.3 %	mananananananananananananananananananan
PONTOON BEACH	1	0.3 %	**************************************
Location County Analysis			3
MADISON	326	100.0 %	
Location Type Analysis	entitionale entito de estimation estat consectivo de mineral de médica de mineral de 1991 de 1991 de 1991 de 1 O companyo		3
Home / Residence	192	58.9~%	
Farm / Ranch	1 1	0.3 %	
Office / Business / Ind	13	4.0 %	
Street / Highway	18	5.5 %	899, MARINI, REININGAN (MARINI, MARINI, MARINI
Public Building / Area	30	9.2 %	BOALBARIA BARANA
Residental Institution	11	3.4 %	
Other Specified Location	56	17.2 %	
Education Facility	1	0.3 %	NUMBER OF THE PROPERTY OF THE
Not Applicable	4	1.2 %	
EMS Assignments Response Type	a Arabicic		
911 Response (Scene)	e Analysis 324	$99.4  {}^{6}\!\!/\!_{0}$	
Medical Transport	1	0.3 %	
Mutual Aid	1	0.3 %	
EMS Assignments Response Mod	la Analycic		3
Lights and Sirens	e Analysis 153	46.9 %	J
No Lights or Sirens	59	18.1 %	
Unknown	114	35.0 %	
EMS Assignments Transport Typ	e Analycic	uning dan 1994 kilo salah Salah Salah Salah Salah saya mengelebah Salah mengelebah saya mengelebah salah salah Salah Salah Sa	ile tää saamulahtasta kerittelimisia on ilminen misittä kikistiooosikoitettiin misitatiosa sten 3.
D.O.A.	E A11017515 5	1.6%	
No Treat Request	15	4.7 %	***************************************
Not Applicable	3	0.9 %	, 1999-1999-1999-1999-1999-1999-1999-199
Patient Refused Care	43	13.4 %	
Treat/Transfer Care	1	0.3 %	
Treat/Transport	254	79.1 %	

North

Destination Analysis	67	20.9%	ACCESS OF THE STATE OF THE STAT
*No Transport *Residence	67 2	0.6 %	
Anderson Hospital Maryville	8	2.5 %	
*Gateway Regional Medical Center	182	56.7 %	
Touchette Regional Hospital, Inc. Centreville	4	1.2 %	***************************************
Rosewood Care Center	1	0.3 %	
	2	0.6 %	
Christian Hospital Northeast John Cochran VA- St. Louis	3	0.9 %	
Center Pointe Hospital	1	0.3 %	
	9	2.8 %	
St. Louis University Hospital - Main St. Anthony's Medical Center (St. Louis)	9 1	0.3 %	
St. Anthony's Medical Center (St. Louis) SSM Cardinal Glennon Children's Hospital	7	2.2 %	
	3	0.9 %	
St. Louis Children's Hospital	17	5.3 %	
Barnes-Jewish Hospital - South	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
St. Mary's Hospital	3	0.6 %	
*Granite Nursing & Rehab	.,	0.9 %	***************************************
*Stearns Nursing & Rehab	3	0.9 %	
Fountainview Memory Center	3	0.9 %	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
St.L Psych Stabilization Ctr	3	0.9 %	Net Annual Park
Destination Determination Analysis			
Closest Facility (None Below)	155	48.3 %	AND THE PROPERTY OF THE PROPER
	155 59	48.3 % 18.4 %	
Not Applicable			
Patient / Family Choice	58	18.1 %	
Patient physician choice	45	14.0 %	
Managed Care	2	0.6 %	
	4	0.00/	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	0.3 % 0.3 %	
Medical Control		***************************************	
Medical Control  Insurance Providers Analysis	1	0.3 %	
Medical Control  Insurance Providers Analysis  HIGHMARK BCBS	1	0.3 %	
Medical Control  Insurance Providers Analysis  HIGHMARK BCBS  Medicaid Illinois BCHS PO 19128 Springfield IL	1 1 1	0.3 % 0.3 % 0.3 %	
Medical Control  Insurance Providers Analysis  HIGHMARK BCBS  Medicaid Illinois BCHS PO 19128 Springfield IL	1 1 1 1	0.3 % 0.3 % 0.3 % 0.3 %	
Medical Control  Insurance Providers Analysis  HIGHMARK BCBS  Medicaid Illinois BCHS PO 19128 Springfield IL  AARP MEDICARE COMPLETE	1 1 1 1 3	0.3 % 0.3 % 0.3 % 0.3 % 0.9 %	
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Medical Control  Insurance Providers Analysis  HIGHMARK BCBS  Medicaid Illinois BCHS PO 19128 Springfield IL  AARP MEDICARE COMPLETE  Advantra coventry  Advantra ghp	1 1 1 1 3	0.3 % 0.3 % 0.3 % 0.3 % 0.9 %	
Medical Control  Insurance Providers Analysis  HIGHMARK BCBS  Medicaid Illinois BCHS PO 19128 Springfield IL  AARP MEDICARE COMPLETE  Advantra coventry  Advantra ghp  Advantra Gold Advantage	1 1 1 1 3 2	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %	
Medical Control  Insurance Providers Analysis  HIGHMARK BCBS  Medicaid Illinois BCHS PO 19128 Springfield IL  AARP MEDICARE COMPLETE  Advantra coventry  Advantra ghp  Advantra Gold Advantage  Aetna	1 1 1 3 2	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %	
Medical Control  Insurance Providers Analysis  HIGHMARK BCBS  Medicaid Illinois BCHS PO 19128 Springfield IL  AARP MEDICARE COMPLETE  Advantra coventry  Advantra ghp  Advantra Gold Advantage  Aetna  Aetna PO BOX 981107	1 1 1 1 3 2 1	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %	
Medical Control  Insurance Providers Analysis  HIGHMARK BCBS  Medicaid Illinois BCHS PO 19128 Springfield IL  AARP MEDICARE COMPLETE  Advantra coventry  Advantra ghp  Advantra Gold Advantage  Aetna  Aetna PO BOX 981107  Anderson v number	1 1 1 1 3 2 1 1	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.3 %  0.3 %	
Medical Control  Insurance Providers Analysis  HIGHMARK BCBS  Medicaid Illinois BCHS PO 19128 Springfield IL  AARP MEDICARE COMPLETE  Advantra coventry  Advantra ghp  Advantra Gold Advantage  Aetna  Aetna PO BOX 981107  Anderson v number  Anderson V#	1 1 1 1 3 2 1 1 1 1	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.3 %  0.6 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson V# Anthe BCBS	1 1 1 1 3 2 1 1 1 2	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson V# Anthe BCBS Anthem Blue Cross	1 1 1 1 3 2 1 1 1 2	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson V# Anthe BCBS Anthem Blue Cross BaS/HL	1 1 1 1 3 2 1 1 2 1 1 3 3	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.6 %  0.3 %  0.6 %  0.3 %  0.6 %  0.3 %  0.7 %  0.8 %  0.9 %  0.9 %  0.9 %  0.9 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson V# Anthe BCBS Anthem Blue Cross BaS/HL BCBS	1 1 1 1 3 2 1 1 2 1 1 3 1 3 1	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.6 %  0.3 %  0.9 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson V# Anthe BCBS Anthem Blue Cross BaS/HL BCBS BCBS IL	1 1 1 1 3 2 1 1 2 1 1 2 1 3 3 1 3 1 3 1	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.6 %  0.3 %  0.6 %  0.3 %  0.6 %  0.3 %  0.9 %  0.9 %  0.9 %  0.9 %  0.9 %  0.9 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson V# Anthe BCBS Anthem Blue Cross BaS/HL BCBS IL BCBS IL MEDICARE ADVANTAGE	1 1 1 1 3 2 1 1 1 1 3 2 1 1 3 8 1	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.3 %  0.6 %  0.3 %  0.6 %  0.3 %  0.9 %  0.9 %  0.9 %  0.9 %  0.9 %  0.9 %  0.3 %  0.9 %  0.9 %  0.3 %  0.9 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson V# Anthe BCBS Anthem Blue Cross BaS/HL BCBS IL BCBS IL MEDICARE ADVANTAGE BCBS MA	1 1 1 1 3 2 1 1 1 1 3 2 1 1 1 3 1 3 1 1 1 1	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.3 %  0.3 %  0.4 %  0.5 %  0.5 %  0.7 %  0.9 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson V# Anthe BCBS Anthem Blue Cross BaS/HL BCBS BCBS IL BCBS IL MEDICARE ADVANTAGE BCBS MA BCBS PENNSYLVANIA	1 1 1 1 3 2 1 1 1 1 3 2 1 1 1 3 1 1 1 1	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.4 %  0.5 %  0.5 %  0.7 %  0.9 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson V# Anthe BCBS Anthem Blue Cross BaS/HL BCBS BCBS IL BCBS IL MEDICARE ADVANTAGE BCBS MA BCBS PENNSYLVANIA Bcbs tn	1 1 1 1 3 2 1 1 1 1 3 2 1 1 1 1 2 1 1 2 1 1 2 2 1 1 2 2	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.8 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson V# Anthe BCBS Anthem Blue Cross BaS/HL BCBS BCBS IL BCBS IL MEDICARE ADVANTAGE BCBS MA BCBS PENNSYLVANIA Bcbs tn Blue Choice HMO	1 1 1 1 3 2 1 1 1 3 2 1 1 3 1 1 2 1 1 2 1 1 2 1 1 1 1	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.6 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson v# Anthe BCBS Anthem Blue Cross BaS/HL BCBS IL BCBS IL MEDICARE ADVANTAGE BCBS MA BCBS PENNSYLVANIA Bcbs tn Blue Cross BLUE SHIELD	1 1 1 1 3 2 1 1 1 2 1 1 3 8 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.6 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %	
Insurance Providers Analysis  HIGHMARK BCBS  Medicaid Illinois BCHS PO 19128 Springfield IL  AARP MEDICARE COMPLETE  Advantra coventry  Advantra Gold Advantage  Aetna  Aetna PO BOX 981107  Anderson v number  Anderson v#  Anthe BCBS  Anthem Blue Cross  BaS/HL  BCBS IL  BCBS IL MEDICARE ADVANTAGE  BCBS MA  BCBS PENNSYLVANIA  Bcbs tn  Blue Cross BLUE SHIELD  Blue Cross Blue Shield IL	1 1 1 1 3 2 1 1 1 2 1 1 3 8 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.6 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.9 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %  0.3 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson v number Anthe BCBS Anthem Blue Cross BaS/HL BCBS IL BCBS IL MEDICARE ADVANTAGE BCBS MA BCBS PENNSYLVANIA Bcbs tn Blue Cross Blue Shield IL Cigna Other	1 1 1 1 3 2 1 1 1 2 1 1 3 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.6 %  0.3 %	
Law Enforcement Choice Medical Control  Insurance Providers Analysis  HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson v number Anderson V# Anthe BCBS Anthem Blue Cross BaS/HL BCBS IL BCBS IL MEDICARE ADVANTAGE BCBS MA BCBS PENNSYLVANIA Bcbs tn Blue Choice HMO Blue Cross Blue Shield IL Cigna Other CMR PO BOX 7121 London, KY	1 1 1 1 3 2 1 1 1 3 8 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.3 %  0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.6 %  0.3 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson v# Anthe BCBS Anthem Blue Cross BaS/HL BCBS IL BCBS IL MEDICARE ADVANTAGE BCBS MA BCBS PENNSYLVANIA Bcbs tn Blue Cross BLUE SHIELD Blue Cross Blue Shield IL Cigna Other CMR PO BOX 7121 London, KY CNA CLAIM PLUS	1 1 1 1 3 2 1 1 1 1 3 2 1 1 1 1 2 1 1 1 1	0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.6 %  0.3 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson v# Anthe BCBS Anthem Blue Cross BaS/HL BCBS BCBS IL BCBS IL MEDICARE ADVANTAGE BCBS MA BCBS PENNSYLVANIA Bcbs tn Blue Cross Blue Shield IL Cigna Other CMR PO BOX 7121 London, KY CNA CLAIM PLUS Essence	1 1 1 1 3 2 1 1 1 3 2 1 1 1 2 1 1 2 1 1 1 1	0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %	
Insurance Providers Analysis HIGHMARK BCBS Medicaid Illinois BCHS PO 19128 Springfield IL AARP MEDICARE COMPLETE Advantra coventry Advantra ghp Advantra Gold Advantage Aetna Aetna PO BOX 981107 Anderson v number Anderson v number Anthe BCBS Anthem Blue Cross BaS/HL BCBS IL BCBS IL BCBS IL MEDICARE ADVANTAGE BCBS MA BCBS PENNSYLVANIA BCBS tn Blue Cross BLUE SHIELD Blue Cross Blue Shield IL Cigna Other CMR PO BOX 7121 London, KY	1 1 1 1 3 2 1 1 1 1 3 2 1 1 1 1 2 1 1 1 1	0.3 %  0.3 %  0.3 %  0.9 %  0.6 %  0.3 %  0.3 %  0.6 %  0.3 %	

3/3/2015 2:40 PM

Group Health Plan London	1	0.3 %
HarMONY HEALTH PLAN	2	0.6 %
Harmony healthplan	1	0.3 %
Healthlink Open Access	3	0.9 %
Humana Gold Choice	1	0.3 %
ILLINOIS mOLINA	1	0.3 %
ILLINOIS SEXUAL ASSLT PRG PO BOX 19129	1	0.3 %
Medicaid Illnois	33	10.3 %
Medicare Advantage	3	0.9 %
Medicare Advantage UHC	2	0.6 %
Medicare advasntage uhc	1	0.3 %
Medicare Complete	8	2.5 %
Medicare COMPLETE PO BOX 31362	1	0.3 %
Medicare HMO	3	0.9 %
Medicare Mutual Omaha PO 1602	73	22.7 %
Medicare Part A&B	1	0.3 %
MedicareComplete	2	0.6 %
Medridian health plan	1	0.3 %
Meridan Health Plan	2	0.6 %
Meridian health	1	0.3 %
MerIDIAN HEALTH PLA N	1	0.3 %
Meridian Health Plan	21	6.5 %
MerIDIAN HEALTH PLAN OF ILLINOIS	1	0.3 %
Meridian healthplan	1	0.3 %
Missouri medicaid	1	0.3 %
Molina	1	0.3 %
Molina health care of IL	3	0.9 %
MoLINA HEALTHCARE	2	0.6 %
Molina Healthcare of IL	8	2.5 %
Molina Healthcare of ILL	1	0.3 %
Molina Healthcare of Illinois	1	0.3 %
NA	11	3.4 %
No Secondary Insurance	1	0.3 %
No transport	6	1.9 %
null	5	1.6 %
Self Pay	50	15.6 %
State OF ILLINOISEMPL/HEALTHLINK	1	0.3 %
UMR UHC	1	0.3 %
United Healthcare AARP MEd	2	0.6 %
United Healthcare Choice	4	1.2 %
VA CHARGE	1	0.3 %
Value Options	1	0.3 %
VaMD CTR NONVA CARE04FJB	1	0.3 %
Veterans administration	1	0.3 %
Wellcare medicare	1	0.3 %
Wellcare Medicare HMO	3	0.9 %
Worker's Compensation	1	0.3 %

Abdominal Pain	7	2.1 %	
Assault	2	0.6 %	
Assist invalid	1	0.3 %	
Back pain (non trauamatic)	5	1.5 %	
Breathing problems	30	9.2 %	
Cardiac/Respiratory arrest	6	1.8 %	TARAMA TA
Chest pain	28	8.6 %	ALIPPINI DELL'ARIANTA MANTENANTINA DELL'ARIANTA DELL'ARIANTA DELL'ARIANTA DELL'ARIANTA DELL'ARIANTA DELL'ARIA
Choking	1	0.3 %	
CO/Inhalations/Haz-mat	1	0.3 %	a katumina katunin matakataisiden ki matanakeen den den den den data da katunin aba ki nidendeen den den den d
Convulsions/Seizure	15	4.6 %	
Diabetic problems	12	3.7 %	

Emergency Transfer	2	0.6 %	
Fall (nontraumatic)	20	6.1 %	(Parents) produced a control for a standard for Photocol a Madelland All (Photocol All Andrews All (All Andrews
alls/Back injury (traumatic)	13	4.0 %	nggan paggaraha manada da kabada kamaman integuladi sabilika kidabaki mimbaki katabilik
Headache	1	0.3 %	
leart Problems	1	0.3 %	
leat/Cold exposure	1	0.3 %	, , , , , , , , , , , , , , , , , , ,
-lemorrhage/Laceration	1	0.3 %	
ift Assist ( no injury complaint)	18	5.5 %	
Nature unknown	6	1.8 %	
Nausea/Vomiting	4	1.2 %	
Non-Emergency Transfer		5.2 %	
Overdose/Ingestion/Poisoning	15	4.6 %	aktifa i naktifa kikilista i aktiolokii fa kahala fa i nakimu mahimuh mahabak kanapan ya akayay sa kayaya
Pregnancy/Childbirth/Miscarriage	2	0.6 %	
Psych/Suicide	15	4.6 %	
Sick case	24	7.4 %	
Stroke(CVA)	4	1.2 %	
Traffic accident	13	4.0 %	
Transfer/Interfacility/Palliative Care	32	9.8 %	
Traumatic injuries	7	2.1 %	
Unconscious/Fainting	13	4.0 %	
Unknown Problem Man Down	6	1.8 %	
Unknown Problem/Man Down	3	0.9 %	
Patient Age Analysis 18-35	56	17.4 %	ANTONADIZZAGOZZAGOZZENA (A A SIGOLI Z POSTOLI PARTICIPI Z POSTOLI SI VIZZONI SI VIZZONI SI VIZZONI SI POSTOLI P
			6-4111144641N13646
36-65	124	38.6 %	warners and the control of the contr
65+	124	38.6 %	avinnanninnun vinanninnun vinan v
Less Than 18	17	5.3 %	
Patient Gender Analysis			
Patient Gender Analysis Female	169	52.6 %	
	169 152	52.6 % 47.4 %	
Female			
Female Male			
Female Male Patient Ethnic Analysis	152	47.4 %	
Female Male Patient Ethnic Analysis Black	152 35	47.4 % 10.9 %	
Female Male Patient Ethnic Analysis Black Hispanic Other	152 35 4	47.4 % 10.9 % 1.2 %	
Female Male Patient Ethnic Analysis Black Hispanic Other White	35 4 2 280	47.4 % 10.9 % 1.2 % 0.6 %	
Female Male Patient Ethnic Analysis Black Hispanic Other White Patient Pre Existing Conditions Anal None	152 35 4 2 280 <b>ysis</b> 2	47.4 %  10.9 %  1.2 %  0.6 %  87.2 %	
Female Male Patient Ethnic Analysis Black Hispanic Other White Patient Pre Existing Conditions Anal None A-Fib	152 35 4 2 280 <b>ysis</b> 2 13	47.4 %  10.9 %  1.2 %  0.6 %  87.2 %  0.3 %  1.8 %	
Female Male Patient Ethnic Analysis Black Hispanic Other White Patient Pre Existing Conditions Anal None A-Fib Acid Reflux / GERD	152 35 4 2 280 <b>ysis</b> 2	47.4 %  10.9 %  1.2 %  0.6 %  87.2 %  0.3 %  1.8 %  0.3 %	
Female Male Patient Ethnic Analysis Black Hispanic Other White Patient Pre Existing Conditions Anal None A-Fib Acid Reflux / GERD ADD	152 35 4 2 280 280 2 13 2 1	47.4 %  10.9 %  1.2 %  0.6 %  87.2 %  0.3 %  1.8 %  0.3 %  0.1 %	
Female Male  Patient Ethnic Analysis  Black Hispanic Other White  Patient Pre Existing Conditions Anal None A-Fib Acid Reflux / GERD ADD ADHD	152 35 4 2 280 lysis 2 13 2	47.4 %  10.9 %  1.2 %  0.6 %  87.2 %   0.3 %  1.8 %  0.3 %  0.1 %  0.3 %	
Female  Male  Patient Ethnic Analysis  Black  Hispanic  Other  White  Patient Pre Existing Conditions Anal None  A-Fib Acid Reflux / GERD  ADD  ADHD  Afib	152 35 4 2 280 <b>Ysis</b> 2 13 2 1 2	47.4 %  10.9 %  1.2 %  0.6 %  87.2 %   0.3 %  1.8 %  0.3 %  0.1 %  0.3 %  0.1 %	
Female Male Patient Ethnic Analysis Black Hispanic Other White Patient Pre Existing Conditions Anal None A-Fib Acid Reflux / GERD ADD ADHD Afib Alcoholism	152 35 4 2 280 <b>Ysis</b> 2 13 2 1	47.4 %  10.9 %  1.2 %  0.6 %  87.2 %  0.3 %  1.8 %  0.3 %  0.1 %  0.3 %  0.1 %  1.0 %	
Female Male Patient Ethnic Analysis Black Hispanic Other White Patient Pre Existing Conditions Anal None A-Fib Acid Reflux / GERD ADD ADHD Afib Alcoholism	152 35 4 2 280 <b>Ysis</b> 2 13 2 1 2	47.4 %  10.9 %  1.2 %  0.6 %  87.2 %  0.3 %  1.8 %  0.3 %  0.1 %  0.3 %  0.1 %  0.3 %  0.1 %  0.8 %	
Female  Male  Patient Ethnic Analysis  Black  Hispanic  Other  White  Patient Pre Existing Conditions Anal  None  A-Fib  Acid Reflux / GERD  ADD  ADHD  Afib  Alcoholism  Alzheimers disease  Anemia	152  35 4 2 280  Vysis 2 13 2 1 2 1 7 6 1	47.4 %  10.9 %  1.2 %  0.6 %  87.2 %  0.3 %  0.3 %  0.1 %  0.3 %  0.1 %  1.0 %  0.8 %  0.1 %  0.8 %  0.1 %	
Female  Male  Patient Ethnic Analysis  Black  Hispanic  Other  White  Patient Pre Existing Conditions Anal  None  A-Fib  Acid Reflux / GERD  ADD  ADHD  Afib  Alcoholism  Alzheimers disease  Anemia	152  35 4 2 280  Vysis 2 13 2 1 7 6 1 1	47.4 %  10.9 %  1.2 %  0.6 %  87.2 %   0.3 %  1.8 %  0.3 %  0.1 %  0.1 %  1.0 %  0.8 %  0.1 %  0.1 %  0.1 %  0.1 %  0.1 %	
Female Male Patient Ethnic Analysis Black Hispanic Other	152  35 4 2 280  Vysis 2 13 2 1 2 1 7 6 1	47.4 %  10.9 %  1.2 %  0.6 %  87.2 %  0.3 %  0.3 %  0.1 %  0.3 %  0.1 %  1.0 %  0.8 %  0.1 %  0.8 %  0.1 %	

0.1 %

0.4 %

3.0 %

0.4 %

0.7 %

1

3

22

3 5

5 of 9

Aortic Aneurysm

Asthma

AutISM

Back pain

Arthritis, rheumatoid

Behavioral / Psych	3	0.4 %
Bi-polar	18	2.5 %
Bladder cancer	3	0.4 %
Borderline Personality Disorder	1	0.1 %
BRAIN SURGERY	5	0.7 %
Breast cancer	1	0.1 %
	***************************************	0.1 %
Bronchitis	1	
Burn scar tissue	1	0.1 %
CABG	2	0.3 %
Cancer	11	1.5 %
Cardiac	58	8.0 %
Cardiac Arrest	1	0.1 %
Cardiac Stents	1	0.1 %
CEBEBRAL PALSY	1	0.1 %
Celluitis	2	0.3 %
CEREBAL	1	0.1 %
Cerebal Palsy	1	0.1 %
AND THE RESIDENCE AND ADDRESS OF THE PROPERTY	1	0.1 %
cerebral palsy		***************************************
CHF	20	2.8 %
Chronic Back Pain	2	0.3 %
Chronic Bronchitis	1	0.1 %
Chronic pneumonia	1	0.1 %
Chronic sciatica pain	1	0.1 %
Cirrosis	1	0.1 %
Colitis	1	0.1 %
COPD	39	5.4 % ·
Crest Syndrome	1	0.1 %
Crohn's Disease	1	0.1 %
CVA	10	1.4 %
######################################		
Defibrillator	11	0.1 %
Degenerative Disk disease	1	0.1 %
Dementia	10	1.4 %
Depression	33	4.5 %
Diabetes	7	1.0 %
Diabetes type 1	17	2.3 %
Diabetes type 2	30	4.1 %
Dialysis / Renal Failure	3	0.4 %
DM	1	0.1 %
Drug abuse	8	1.1 %
Emphysema	11	1.5 %
	1	0.1 %
Fibromyalgia		
G tube		0.1 %
GERD	1	0.1 %
Gout	1	0.1 %
Head injury Brain Injury	1	0.1 %
Hepatitis C	2	0.3 %
Herniated L4	1	0.1 %
High Cholesterol	4	0.6 %
HIV	1	0.1 %
Htn	35	4.8 %
Hypatopulmonary syndrome	1	0.1 %
Hypercholesterolemia	4	0.6 %
	75	10.3 %
Hypertension	***************************************	
Hypoglycemia	3	0.4 %
Hypotension	5	0.7 %
Hypothyroidism	5	0.7 %
IDDM	1	0.1 %
IMMUNE SYSTEM DISEASE	1	0.1 %
infected right foot bones	1	0.1 %
intravenous drug use	1	0.1 %
restriction of the second contraction of the		

Kidney cancer	1	0.1 %	
Knee replacement	1	0.1 %	
Leg pain	1	0.1 %	
Liver disease	4	0.6 %	
LUNG CA	1	0.1 %	
	4	0.6 %	
Lung cancer			
LUPUS	1	0.1%	***************************************
Macular degeneration	1	0.1 %	***************************************
MI	10	1.4 %	
Migraines	3	0.4 %	\$
MS	1	0.1 %	
NONE	29	4.0 %	
Obesity		0.1 %	
Osteoarthritis	1	0.1 %	m a maga may pamay may mamanda a li dadada a a da kaaba a ka da a la ka da ka ka ka ka da ki da li da la da la da ka a
Pacemaker	12	1.7 %	ym mayna ya mayumaa majaalaa makaaluudaa lakalaalak, ukkalalak kikalaalak kikalaalak lakalak kikaladik kikal
Pacemaker/DEFIB	1	0.1 %	
Pancreatitis	6	0.8 %	
Panic attacks	1	0.1 %	
Panic Disorder	1	0.1 %	
Parkinsons	5	0.7 %	ил валивания подражения в подраж
Pelvis joint replacement	. 2	0.3 %	
Pneumonia	1	0.1 %	THE STATE OF THE S
Pregnancy	1	0.1 %	
Prenancy	1	0.1 %	HILIMANIA PERMUNINA PERMUN
Prostate	3	0.4 %	
Psych	2	0.3 %	nivanivanivanivanivanivanivanivanivaniva
Psychiatric Psychiatric	2	0.3 %	**************************************
PSYCHOSIS	1	0.1 %	
PTSD	3	0.4 %	4.16-2-2-4
quadriplegic	1	0.1 %	N-61-4-6-4-4-4-6-6-6-4-4-6-6-4-4-4-4-4-4-
R Clavicle fx	1	0.1 %	ALLANDER DE LE
R humerous fx	1	0.1 %	
	2	0.3 %	ADMINIARMANIA
Rbka	1	0.1 %	ALLEGE AND THE PROPERTY OF THE
Recent lumbar spinal surgery Renal Failure		0.1 %	
		0.1 %	
Right lung cancer		######################################	
Schizophrenia	3	0.4 %	
Seizures	25	3.4 %	
Sickle cell	1	0.1 %	NASHILLE MANAGEMAN AND AND AND AND AND AND AND AND AND A
Sleep apnea	2	0.3 %	paleumanellusamananan manamasan kanama
Staff infeciton	1	0.1 %	
Stents	3	0.4 %	
Stroke	1	0.1 %	ALERIA MARTINI
SUBSTANCE ABUSE	3	0.4 %	anna ann an ann an ann ann ann ann ann
Tachycardia	1	0.1 %	
Thyroid	2	0.3 %	
TIA	3	0.4 %	//////////////////////////////////////
Tracheostomy	1	0.1 %	
Ulcer	1	0.1 %	
Unknown	9	1.2 %	
Unknown Cardiac	1	0.1 %	
			and the state of t

Patient Primary Illness Assessmer	ıt Analysis		2
Abdominal pain/problems	15	6.1 %	
Altered level of consciousness	9	3.7 %	
Behavioral/psychiatric disorder	14	5.7 %	
Cardiac arrest	8	3.3 %	
Chest pain/discomfort	18	7.3 %	
Diabetic symptoms	15	6.1 %	
Poisoning/drug ingestion	14	5.7 %	

7 of 9

Pregnancy/OB delivery	1	0.4 %
Respiratory Distress	29	11.8 %
Seizure	10	4.1 %
Stroke/CVA	3	1.2 %
Syncope/fainting	5	2.0 %
Vaginal hemorrhage	1	0.4 %
Other	103	41.9 %
Unknown	1	0.4 %
Patient Primary Trauma Cause Assessmo	ent Analysis	
Blunt/Thrown Object	2	5.1 %
Falls	20	51.3 %
Machinery Accident	1	2.6 %
Motor Vehicle Crash	4	10.3 %
Other	8	20.5 %
Stabbing Assault	2	5.1 %
Unknown	2	5.1 %
Procedures Administered Analysis		
Airway-CPAP	4	0.3 %
Airway-King LT Blind Insertion Airway Device	1	0.1 %
Airway-Nebulizer Treatment	1	0.1 %
Assessment-Adult	185	15.6 %
Assessment-Pediatric	6	0.5 %
Bandage - pressure	1	0.1 %
Bandage - sterile	1	0.1 %
Blood glucose analysis	262	22.1 %
Capnography (CO2 indicator)	2	0.2 %
Capnography (ETCO2 Monitor)	3	0.3 %
Cervical collar application	15	1.3 %
CPR	10	0.8 %
ECG - 12 lead	70	5.9 %
ECG - 4 lead	133	11.2 %
Endotracheal intubation	1	0.1 %
Intraosseous insertion	3	0.3 %
Intravenous established	130	11.0 %
Intravenous established	1	0.1 %
***************************************	26	2.2 %
Intravenous Unsuccessful I		
LUCAS Chest Compression Systeml	2	0.2 %
Moved by long spine board	10	0.8 %
Moved by manual lift/carry	27	2.3 %
Moved by rescue seat	1	0.1 %
Moved by stairchair	8	0.7 %
Nasopharyngeal airway insertion	3	0.3 %
Pain Measurement	6	0.5 %
Patient Loaded	8	0.7 %
Patient Off-Loaded	8	0.7 %
Position Pt - modified trendelenberg	5	0.4 %
Pulse Oximetry	67	5.6 %
Spinal immobilization	16	1.3 %
Splint - extremity	1	0.1 %
Suction - upper airway	1	0.1 %
Temperature Measurement (Tympanic)	18	1.5 %
Transported on stretcher secured with belts	141	11.9 %
Transported secured in personal child seat	3	0.3 %
Ventilation assist - BVM	6	0.5 %
VOTIDIATOR ASSOC - DVIV	V	V-V /V
Medications Administered Analysis	NAME OF TAXABLE PARTY O	
Albuterol	14	5.9 %
Aspirin	14	5.9 %

Dexamethasone sodium phosphate (Decadron)	4	1.7 %
Dextrose 50%	8	3.4 %
Epinephrine HCL (1:10,000)	5	2.1 %
Glucagon	1	0.4 %
Intravenous electrolyte solutions Sodium chloride	53	22.3 %
Naloxone HCL	7	2.9 %
Nitroglycerin ointment	1	0.4 %
Nitroglycerin spray	18	7.6 %
Ondansetron (zofran)	4	1.7 %
Oxygen	108	45.4 %
Vasopressin	1	0.4 %

### **EMS** Assignments Summary

EMS Assignments:		326
Mutual Aid Provided:	3	0.92 %
Mutual Aid Received:	0	0.00%
No Patient At Scene:	5	1.53 %
Patient Care Reports:		321
Illness Related:	246	76.64 %
Trauma Related:	39	12.15 %

### RESOLUTION NO.

### A RESOLUTION AUTHORIZING THE OFFICE OF THE TREASURER TO COMPROMISE AND SETTLE A CLAIM OF THE CITY, REGARDING A DELINQUENT SEWER BILL

WHEREAS, The City of Granite City is a home rule unit pursuant to article 7, section 6, of the Illinois State Constitution of 1970; and

WHEREAS, the City of Granite City operates a permitted, publicly owned treatment works for the disposal of sewage and the operation of a sanitary sewer system; and

WHEREAS, pursuant to Ordinance 7738, as amended, and Ordinance 8136, the City of Granite City charges reasonable rates for the use, operation, and maintenance of its sanitary sewer system and publicly owned treatment works; and

WHEREAS, pursuant to 65 ILCS 5/1-2-1(2008), the City of Granite City may levy taxes, and collect civil penalties for failure to pay those sewer taxes levied, and may subsequently obtain judgments to enforce those sewer taxes and charges and charge interest, per 735 ILCS 5/2-1303(2008); and

WHEREAS, Barbara Baker, the owner of 2712 West 22<sup>nd</sup> Street, more fully known as permanent parcel number 22-2-19-13-13-302-406, proposes and offers to compromise and settle an outstanding sewer bill of \$1,746.80 in principle amount, with an additional sum of \$3,704.06 in interest and late fees owed, as of the date in February, 2015.

WHEREAS, said Owner paid since 2001 a total of \$3,192.99 on that sewer account, including \$730.99 paid since February, 2014, plus an additional payment of \$750.00 on February 9, 2015.

Therefore be it resolved by the City Council of the City of Granite City, Illinois that it is in the best interests of the City of Granite City, and it will promote good management, good government, and efficient use of City resources, to compromise and settle said delinquent sewer bill claim on said property, and settling no other or subsequent claims held by the City, on the following terms:

- 1.) One-time amnesty in the amount of \$481.23 is granted to said Owner on that specific account, 02-185045-00.
- 2.) Said delinquency existing as of February, 2015, is hereby deemed resolved, waived, and compromised in full.
  - 3.) All future payments to be timely received by the Office of the Treasurer, at 2000 Edison Avenue, Granite City City Hall, Granite City, Illinois, 62040. Any late payment will immediately cause all other payments then delinquent to accelerate and be immediately due and payable without further notice. Failure to timely pay future monthly sewer bills will result in the City pursuing the entire principle, all late fees, and all interest then due, with all remedies in law and equity available to the City, in the City's sole discretion.

Passed by the Granite City City Council this \_\_\_\_\_ day of March, 2015.

APPROVED	•	
	Mayor Ed Hagnauer	
ATTEST:		
	City Clerk Judy Whitaker	

83158

ADDDOVED.



## Office of Risk Wanagement

Lynnette Kozer, Risk Manager Granite City, IL. 62040

12/13/14 - 3/13/15

Page 1

Worker's Compensation, Liability, Property Reports

## 

		First Day	Total Off		Light	
Employee	Depart.	Off Duty	Days	Acc. Date	Days Incident	Treatment/Injury/Body Part
Atchison, 1)	Police	4/26/2013	382	09/03/09	Auto accident	Neck injury, surgery
Davis, P	P.W.	4/28/2014	209	4/28/2014	Lifted trailer to replace pin	Shoulder surgery
Sykes, C	Fire	2/6/2015	25	2/6/2015	Turning to grasp fire hose	Back
Schroeder, H	P.W.	2/9/2015	25	02/09/15	Hit pothole in alley	Neck
Shurtz, D	Fire	11/18/2014	9	11/18/15	Fell handling charged hose	Neck, Shoulder surgery
Larsen, L	P.W.	1/22/2015	2	01/22/15	Fell from ladder	Bilateral Knees

Currently Off Duty

## Light Duty

		First Day	Off Work		Light		
Employee	Dept.	on Light	Days	Acc. Date	Days	Incident	Treatment/Injury/Body Part
Shurtz, D	Fire	2/9/2015	25	11/18/15	5	Fell handling charged hose	Neck, Shoulder surgery
***************************************							
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The state of the s							

Currently on Light



# 12/13/14 - 3/13/15 Worker's Compensation, Liability, Property Reports

## No Lost Time - Incident Only

Employee	Dept.	Date	Medical/1st Aid	Incident	Treatment/Injury/Body Part
Adams, R	P.W.	12/17/2014	Yes	Caught finger in fence gate	Splint
Schaefer, J	P.D.	1/4/2015	No	Meth Lab, Inhalation symptoms	None
Blaylock, J	P.D.	1/5/2015	No	Meth Lab, Inhalation symptoms	None
Varga, L	P.D.	1/6/2015	No	Meth Lab, Inhalation symptoms	None
Reynolds, L	P.D.	1/7/2015	No	Meth Lab, Inhalation symptoms	None
Larsen, K	P.W.	1/22/2015	Yes	Fell from Ladder	Knee and Leg
Croxton, G	Police	1/28/2015	Yes	Foreign body to eye, rolling hose	Eye
		000000000000000000000000000000000000000			





## Lynnette Kozer, Risk Manager Granite City, IL. 62040

12/13/14 - 3/13/15

Worker's Compensation, Liability, Property Reports

### 

Location	Date	Damages; Injury	Cost/Denial	Cause	Treatment/Injury/Body Part
2672 Edwards	09/22/14	Glasses	\$ 201.49	Fell on broken sign post in concrete	Scrapes and bruises
Leonard at Milk Store	12/19/14	12/19/14   Auto Damages		Hit pothole	None
2204 Johnson Road	01/04/15	01/04/15   Carpet, Furniture		Sewer backup	None
2320 Delmar Ave	12/21/14	Fractured		Fell on broken curb	Ankle
St. Clair @ Willow	02/03/15	Property	\$ 4,145.00	Guardrail struck	Owners insurance paid

St. Clair @ Willow	02/03/15	Property	\$ 4,145.00	Guardrail struck	Owners insurance paid
AutoProperty					
Location	Date	Dept./Property	Cost/Denial	Damages	Payment/Injury/Body Part
19th Street Gate	11/17/2014	11/17/2014 Auto Damages		US Steel gate closed on city car	US Steel will pay for repairs
1326 Niedringhaus	12/16/2014	12/16/2014 Auto Damages		City car side swiped, mirror damage	Owners insurance paid
2901 Marshall Ave	12/17/14	Auto Damages	\$ 2,190.17	Inspection vehicle struck	None
2703 Roosevelt		Property	\$ 300.00	Vehicle struck stop sign	Allstate Paid
2300 Adams		Auto Damages	\$ 1,441.00	P.W. vehicle struck parked car	City Paid for repair

<b>ORDINANCE</b>	NO.	
~ 11 47 14 4 W.		

### AN ORDINANCE REQUIRING INSURANCE COVERAGE FOR PERSONS CONDUCTING SPECIFIC EVENTS ON CITY FACILITIES OR CITY PROPERTY

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, Section 6, of the Illinois State Constitution of 1970;

WHEREAS, from time to time persons and not-for-profit organizations request permission to use City facilities, such as City-owned buildings and City-maintained public rights-of-way, for events, such as chili cook-offs and block parties, among other events; and

WHEREAS, the Granite City City Council finds where an event involves alcohol on City facilities, the event hosts should obtain liability insurance protecting the City; and

WHEREAS, the Granite City Council finds where an event involves money changing hands inside a City-owned building, the event hosts should generally provide liability insurance coverage for the City; and

WHEREAS, the Granite City City Council finds events that take place entirely outdoors, and which do not involve alcohol, should generally be exempt from any requirement of insurance under this Ordinance.

Now, therefore, be it Ordained by the City Council of the City of Granite City, IL, as follows.

There shall be added to the Granite City Municipal Code, the following section 9.03.030.

### 1. 9.03.030 PROOF OF INSURANCE FOR PUBLIC EVENTS

A. For purposes of this Ordinance, the following definitions apply.

### 1. "Public Event" -

- a. Any event allowing the delivery, sale, supply, or consumption of any alcoholic beverage on City property or on public rights-of-way within the corporate limits of the City of Granite City, is a public event. In addition,
- b. Any event is a public event which takes place in whole or in part indoors, in a building or structure owned by the City of Granite City, where fees for goods or services are charged or where donations are solicited during that event, inside or at the door of the City-owned building. However,
  - (i) an event where a movie or film is shown within a City-owned structure built and designed for the purpose of showing films and movies, is exempt from the insurance requirements of this section; and
  - (ii) The Office of the Mayor has the authority to issue to the host of any public event who timely applies before the event, an exemption to the insurance requirements of this section.

- 2. "City Facilities" includes City-maintained rights-of-way and the interior of any public improvement, building, or structure, owned by the City of Granite City.
- 3. "Host of Public Event" includes any person, corporation, not-for-profit organization, individual, organization, or entity, that organizes, hosts, promotes, produces, or seeks City approval of or a permit regarding, a public event in or on City facilities, in the City of Granite City.
- 4. "Event" any meeting, assembly, cooking, party, celebration, performance, musical production, or other function, whether open generally to the public, or by invitation only.

### B. INSURANCE FOR PUBLIC EVENTS

- 1. No host of a public event shall organize, promote, produce, receive a permit regarding, or otherwise host the public event, without complying with all requirements of this Ordinance.
- 2. A host of the public event shall, at least ten days before the public event, provide documentation to the Office of the Mayor or to the Office of the City Risk Manager, that the public event is covered by comprehensive general liability insurance coverage, naming the City of Granite City as additional insured. The comprehensive general liability insurance coverage shall be in an amount no less than \$1,000,000 in coverage. The deductible on that comprehensive general liability coverage shall be no greater than \$50,000.
- 3. no person shall host a public event without first obtaining comprehensive general liability coverage, in an amount of at least \$1,000,000 in coverage, and with a deductible no greater than \$50,000, naming the City of Granite City as additional insured. No person shall host a public event without maintaining said comprehensive general liability coverage throughout the term of the public event.

### C. PENALTY

Any host of any public event that fails to fully comply with this Ordinance shall be deemed guilty of a misdemeanor and subject to a fine of up to \$750 for each day the event takes place.

### D. SEVERANCE

It is not the intent of this Ordinance to restrict any peaceful exercise of first amendment rights, such as assembly and free speech, whether in a public meeting, parade, or otherwise. Nothing in this Ordinance shall be interpreted to prohibit or discourage peaceful assembly, parades, informational picketing, spontaneous or organized freedom

of expression, or any other right protected by the first amendment to the U.S. Constitution. In the event any court of competent jurisdiction should find any provision of this Ordinance unenforceable, said provision shall be deemed severed and stricken from the rest of this Ordinance.

2. This Ordinance shall take effect upon passage, and may be published in pamphlet form by the Office of the City Clerk.

PASSED by the City Council of the City of Granite City, Illinois, this \_\_\_\_\_ day of March, 2015.

APPROVED:_	
	Mayor Ed Hagnauer
ATTEST:	
	City Clerk Judy Whitaker
82328	

### ORDINANCE NO.

### AN ORDINANCE DECLARING CERTAIN REAL ESTATE SURPLUS AND APPROVAL OF AGREEMENT FOR SALE OF 2450 & 2452 CLEVELAND BLVD. TO HOMEINVESTORS LLC

WHEREAS, the City of Granite City, Madison County, Illinois, hereinafter referred to as the "City", is a home-rule unit of local government organized and existing under the laws of the State of Illinois and Section 6 of Article VII of the 1970 Constitution of the State of Illinois and pursuant thereto provides municipal services for its residents; and

WHEREAS, the City is authorized to purchase real estate for public purposes pursuant to the terms and provision of 65 ILCS 5/11-61-3 or as otherwise provided by law; and

WHEREAS, the City is authorized to sell real estate pursuant to the terms and provisions of: 65 ILCS 5/11-76 et seg; and Municipal Ordinance 8194, or as otherwise provided by law; and

WHEREAS, the City acquired real properties within its corporate limits, commonly known as 2450 and 2452 Cleveland Blvd., hereinafter referred to as "the Parcel"; and

WHEREAS, the City seeks to declare these Parcels to be surplus property in accordance with Municipal Ordinance 8194; and

WHEREAS, the City has determined that the Parcel should be conditionally sold <u>AS IS</u> subject to the terms and conditions listed herein.

WHEREAS, the City has drafted a Purchase Money Mortgage, Purchase Money Note, and Real Estate Purchase and Sale Agreement ("Agreements") between the City of Granite City and HomeInvestors LLC, and has attached such Agreements to this Ordinance as Exhibit A; and

WHEREAS, sale of the Parcels will benefit residents of the City and other taxing bodies serving those residents; and

NOW, THEREFORE, BE IT ORDAINED BY THE CORPORATE AUTHORITIES OF THE CITY OF GRANITE CITY, ILLINOIS, HEREINAFTER REFERRED TO AS "CITY", as follows:

Section 1: That the recitals herein above stated are found to be true and accurate and are hereby incorporated herein by reference.

Section 2: That the following parcels of real property:

2450 Cleveland Blvd., Granite City, Illinois 62040

PPN - 22-2-20-18-11-203-001

Legal – The SW 33 1/3 feet of Lot 3 of Hills Parkview Subdivision, a subdivision according to the plat thereof in the Recorder's Office of Madison County, Illinois in Plat Book 9, Page 56.

2452 Cleveland Blvd., Granite City, Illinois 62040

PPN - 22-2-20-18-11-203-002

Legal – The SW 16 2/3 feet of Lot 2 and the NE 16 2/3 feet of Lot 3 of Hills Parkview Subdivision, a subdivision according to the plat thereof in the Recorder's Office of Madison County, Illinois, in Plat Book 9 Page 56.

Are found and declared to be surplus municipal real property and is hereby made available for conditional sale <u>AS IS</u> pursuant to the terms and provisions of Municipal Ordinance 8194;

Section 3: That the City will negotiate with HomeInvestors, LLC for purchase of the property;

Section 4: That the Agreements attached hereto as Exhibit A by and between the City of Granite City and HomeInvestors LLC, for purchase of 2450 and 2452 Cleveland Blvd. are hereby approved subject to negotiated changes and finalization by the Mayor of the City of Granite City and the City legal department;

Section 5: That this Ordinance shall be in full force and effect upon its passage, approval and publication in pamphlet form as provided by law.

PASSED BY ROLL CALL MAJORITY VOTE of the Alderman of the City of Granite City, Illinois now holding office this \_\_\_\_\_ day of March, A.D., 2015 as follows:

APPROVED BY THE MAYOR OF THE CITY OF GRANITE CITY, ILLINOIS, this \_\_\_\_\_ day of March, 2015.

APPROVED:

	MAYOR	
ATTEST:		_
	City Clerk	

### **CONTRACT FOR SALE OF PROPERTY**

This agreement entered into by the City of Granite City, A Municipal Corporation, located in Madison County, Illinois, hereinafter referred to as "Seller", and Homelnvestors, LLC, 4190 State Route 162, Pontoon Beach, IL 62040, County of Madison, hereinafter referred to as "Purchaser".

For and consideration of the sum of \$40,000.00 and other good and valuable considerations the parties agree as follows:

### SECTION ONE

### **Premises**

Seller shall sell and convey and Purchasers shall purchase, on the terms and conditions hereinafter set forth, the real properties and all appurtenances thereof, situated in the City of Granite City, County of Madison, the State of Illinois, commonly known as 2450 Cleveland and 2452 Cleveland, Granite City, IL 62040, Madison County, Illinois, legal descriptions as follows:

2450 Cleveland Blvd., Granite City, Illinois 62040

PPN - 22-2-20-18-11-203-001

Legal – The SW 33 1/3 feet of Lot 3 of Hills Parkview Subdivision, a subdivision according to the plat thereof in the Recorder's Office of Madison County, Illinois in Plat Book 9, Page 56.

2452 Cleveland Blvd., Granite City, Illinois 62040

PPN - 22-2-20-18-11-203-002

Legal – The SW 16 2/3 feet of Lot 2 and the NE 16 2/3 feet of Lot 3 of Hills Parkview Subdivision, a subdivision according to the plat thereof in the Recorder's Office of Madison County, Illinois, in Plat Book 9 Page 56

### **SECTION TWO**

### Purchase Price; Terms of Payment

The full purchase price for the Properties is Forty Thousand dollars (\$40,000.00), payable in cash or by certified check, \$1,000.00 due upon the execution of this Contract and the remaining Thirty Nine Thousand dollars (\$39,000.00) to be paid on or before

April 1, 2025 subject to the following terms. Seller hereby agrees to forgive Thirty Nine Thousand dollars (\$39,000.00) of the sale price **provided** Buyer complies with all of the following:

- a. Upon completion of agreed renovations and approval by the Granite City Zoning Department that the Properties are in full compliance with all applicable City Codes and Ordinances on or before April 1, 2016 the Seller will forgive Fourteen Thousand dollars (\$14,000.00) of the sale price.
- b. Five Hundred dollars (\$500.00) of the remaining Fifteen Thousand dollars (\$15,000.00) will be forgiven each year thereafter beginning April 1, 2017 through April 1, 2025.
- c. On April 1, 2025 the remaining balance of Ten Thousand dollars (\$10,000.00)
   will be forgiven.

Buyer's attempt to sell either property prior to April 1, 2025 will result in acceleration of the remaining unforgiven balance unless otherwise addressed by City Council.

### **SECTION THREE**

### Default

Purchaser shall at all times during the term of the Purchase Money Mortgage and Contract for Sale of Property keep the properties in compliance with all City of Granite City Codes and Ordinances. The City shall give Notice to the Purchaser following Purchaser's breach of any covenant or agreement in this Contract. The Notice shall specify: (a) the default; (b) the action required to cure such default; (c) a date, not less than 30 days from the date the Notice is given to the Purchaser, by which default must be cured; and (d) that failure to cure the default on or before the date specified in the Notice may result in acceleration of the sums secured by the Purchase Money Mortgage and Note, foreclosure by judicial proceeding and sale of the Properties. If the default is not cured on or before the date specified in the Notice, the City at its option may require

payment in full of all sums outstanding without further demand and may foreclose the

Purchase Money Mortgage by judicial proceeding. The City shall be entitled to collect all

expenses incurred in pursuing the remedies provided in this Section, including, but not

limited to, reasonable attorney's fees, and costs.

**SECTION FOUR** 

**Delivery of Deed** 

On payment of the purchase price as herein provided, or assurance of its

payment satisfactory to Seller, Seller shall execute and deliver a Quit-Claim Deed

describing the property and conveying the same to Purchaser.

SECTION FIVE

Title Evidence

Purchaser shall have the option to obtain at his expense a title commitment from

a reputable title company verifying the marketability of title. Purchaser shall have 10

business days from execution of contract to obtain said commitment. If any title

restrictions, defects or burdens appear on the preliminary title report, to which Purchaser

objects, such objections shall be stated in writing to Seller within 5 business days of

purchaser's receipt of title report or Purchaser waives any objections therefrom. Should

any objections to title be raised by Purchaser Seller shall have until closing to remove

said exceptions, or to acquire title insurance covering said unpermitted exceptions. If

Seller fails to remove said exceptions or obtain additional insurance within the time

slated herein, Purchaser may elect to terminate this Contract and this contract shall be

null and void.

**SECTION SIX** 

Closing; Time of Essence

3

Unless extended by written agreement of the parties, this Contract shall be completed by April 15, 2015 and the transaction closed within thirty days thereafter. Time is of the essence of this Contract.

### SECTION SEVEN

### Transfer of Property

Possession of the property shall be delivered at the time of closing. Purchaser has inspected the property and accepts the same in its present condition. Purchaser acknowledges that Seller has made no representations, warranties or other statements regarding the condition of the premises and that Seller has made no warranties as to same or the habitability or fitness for use or any other warranties as to the subject premises.

### SECTION EIGHT

### **Apportionment of Taxes and Closing Expenses**

The Purchaser will be responsible for all real estate taxes due from 2014 forward. Purchaser agrees to bear the cost of the documentary stamp taxes, recording fees and any other necessary closing costs.

### **SECTION NINE**

### **Binding Effect**

This agreement shall inure to the benefit of and be binding upon the heirs, executors, administrators, assigns, devisees, and legatees of the parties.

### SECTION TEN

### Conformity with the Laws of Illinois

The parties intend to contract in conformity with all applicable laws and ordinances in effect at this date. Any provision hereof which violates such law or ordinance, in whole or in part, is amended so far as necessary to remove the

discrepancy. All implied provisions thereof are adopted. Any mandatory provisions thereby shall be supplied by construction or reformation, as fully as a court of equity is able to do so. City of Granite City By:\_\_\_\_\_

Date:\_\_\_\_\_

Date: Homelnvestors LLC, Purchaser

Edward Hagnauer, Mayor

Dustin Rieger, Managing Member

83147

### ----- [Space Above This Line For Recording Data] -----

### PURCHASE MONEY MORTGAGE

THIS MORTGAGE ("Security Instrument") is given on April, 1 2015. The Mortgagor is HomeInvestors, LLC ("Borrower"). This Security Instrument is given to the City of Granite City, whose address is 2000 Edison Avenue, Granite City, Illinois 62040 ("Lender"). Borrower owes Lender the principal sum of Thirty Nine Thousand dollars (\$39,000.00). This debt is evidenced by Borrower's note ("Note") dated the same date as this Security Instrument and subject to the terms of conditions of the Contract for Sale of Property executed separately on the \_\_\_\_\_ day of \_\_\_\_, 2015, which is due and payable on April 1st , 2025. This Security Instrument secures to Lender: (a) the repayment of the debt evidenced by the Note, with applicable interest, and all renewals, extensions and modifications of the Note; (b) the payment of all other applicable sums, with interest, advanced under paragraph 6 to protect the security of this Security Instrument; and (c) the performance of Borrower's covenants and agreements under this Security Instrument, the Note and the Contract for Sale of Property. For this purpose, Borrower does hereby mortgage, grant and convey to Lender the following described property located in Madison County, Illinois:

2450 Cleveland Blvd., Granite City, Illinois 62040

PPN - 22-2-20-18-11-203-001

Legal – The SW 33 1/3 feet of Lot 3 of Hills Parkview Subdivision, a subdivision according to the plat thereof in the Recorder's Office of Madison County, Illinois in Plat Book 9, Page 56.

2452 Cleveland Blvd., Granite City, Illinois 62040

PPN - 22-2-20-18-11-203-002

Legal – The SW 16 2/3 feet of Lot 2 and the NE 16 2/3 feet of Lot 3 of Hills Parkview Subdivision, a subdivision according to the plat thereof in the Recorder's Office of Madison County, Illinois, in Plat Book 9 Page 56

TOGETHER with all the improvements now or hereafter erected on the property, and all easements, appurtenances, and fixtures now or hereafter a part of the property. All replacements and additions shall be covered by

this Security Instrument. All of the foregoing is referred to in this Security Instrument as the "Properties."

BORROWER COVENANTS that Borrower is lawfully seised of the estate hereby conveyed and has the right to mortgage, grant and convey the Properties and that the Properties are unencumbered, except for encumbrances of record. Borrower warrants and will defend generally the title to the Properties against all claims and demands, subject to any encumbrances of record.

THIS SECURITY INSTRUMENT combines uniform covenants for national use and non-uniform covenants with limited variations by jurisdiction to constitute a uniform security instrument covering real property.

UNIFORM COVENANTS. Borrower and Lender covenant and agree as follows:

- 1. Payment of Principal and Interest; Prepayment and Late Charges. Borrower shall promptly pay when due the principal and interest on the debt evidenced by the Note and Contract for Sale of Property, and any prepayment and late charges due.
- 2. Application of Payments. Unless applicable law provides otherwise, all payments received by Lender under paragraph 1 shall be applied: first, to any prepayment charges due under the Note; second, to interest due; third, to principal due; and last, to any late charges due under the Note.
- 3. Charges; Liens. Borrower shall pay all taxes, assessments, charges, fines and impositions attributable to the Properties which may attain priority over this Security Instrument on time directly to the person owed payment. Borrower shall promptly furnish to Lender all notices of amounts to be paid under this paragraph. If Borrower makes these payments directly, Borrower shall promptly furnish to Lender receipts evidencing the payments.

Borrower shall promptly discharge any lien which has priority over this Security Instrument.

4. Hazard or Property Insurance. Borrower shall keep the improvements now existing or hereafter erected on the Properties insured against loss by fire, hazards included within the term "extended coverage", and any other hazards, including floods or flooding, for which Lender requires insurance. This insurance shall be maintained in the amounts and for the periods that Lender requires. The insurance carrier providing the insurance shall be chosen by Borrower subject to Lender's approval which shall not be unreasonably withheld. If Borrower fails to maintain coverage described above, Lender may, at Lender's option, obtain coverage to protect Lender's rights in the Property in accordance with paragraph 6.

All insurance policies and renewals shall be in form acceptable to Lender and shall include a standard mortgage clause. Lender shall have the right to hold the policies and renewals. If Lender requires, Borrower shall promptly give to Lender all receipts of said premiums and renewal notices. In the event of loss, Borrower shall give prompt notice to the insurance carrier and Lender. Lender may make proof of loss if not made promptly by Borrower.

Unless Lender and Borrower otherwise agree in writing, insurance proceeds shall be applied to restoration or repair of the Properties damaged, if the restoration or repair is economically feasible and Lender's security is not lessened. If the restoration or repair is not economically feasible or Lender's security is lessened, the insurance proceeds shall be

applied to the sums secured by this Security Instrument, whether or not then due, with any excess paid to Borrower. If Borrower abandons the Property, or does not answer within 30 days a notice from Lender that the insurance carrier has offered to settle a claim, then Lender may collect the insurance proceeds. Lender may use the proceeds to repair or restore the Properties or to pay the sums secured by this Security Instrument, whether or not then due. The 30-day period will begin when the notice is given.

Unless Lender and Borrower otherwise agree in writing, any such application of Proceeds to principal shall not extend or postpone the due date of the payment referred to in paragraph 1 or change the amount of the payment. If under paragraph 19 the Properties are acquired by Lender, Borrower's right to any insurance policies and proceeds resulting from damage to the Properties prior to the acquisition shall pass to Lender to the extent of the sums secured by this Security Instrument immediately prior to the acquisition.

- Occupancy, Preservation, Maintenance and Protection of 5. Property; Borrower's Loan Application; Leaseholds. Borrower shall renovate the subject Properties and bring the Properties into compliance with all applicable City Codes and Ordinances which must be approved by the City of Granite City Building and Zoning Department on or before April 1, 2016. Borrower shall convert the Properties into Four (4) Single Family Apartment Units (2 in each building), unless Lender otherwise agrees in writing. Borrower shall not destroy, damage or impair the Properties, allow the Properties to deteriorate, or commit waste on the Properties. shall be in default if any forfeiture action or proceeding, whether civil or criminal, is begun that in Lender's good faith judgment could result in forfeiture of the Property or Properties or otherwise materially impair the lien created by this Security Instrument or Lender's security interest. Borrower may cure such a default and reinstate, as provided in paragraph 16, by causing the action or proceeding to be dismissed with a ruling that, in Lender's good faith determination, precludes forfeiture of the Borrower's interest in the Properties or other material impairment of the lien created by this Security Instrument or Lender's security interest.
- 6. Protection of Lender's Rights in the Property. If Borrower fails to perform the covenants and agreements contained in this Security Instrument or the Real Estate Sale Contract, or there is a legal proceeding that may significantly affect Lender's rights in the Properties, (such as a proceeding in bankruptcy, probate, for condemnation or forfeiture or to enforce laws or regulations), then Lender may do and pay for whatever is necessary to protect the value of the Properties and Lender's rights in the Properties. Lender's actions may include paying any sums secured by a lien which has priority over this Security Instrument, appearing in court, paying reasonable attorneys' fees and entering on the Properties to make repairs. Although Lender may take action under this paragraph, Lender does not have to do so.

Any amounts disbursed by Lender under this paragraph shall become additional debt of Borrower secured by this Security Instrument. Unless Borrower and Lender agree to other terms of payment, these amounts shall bear interest from the date of disbursement at the Note rate and shall be payable, with interest, upon notice from Lender to Borrower requesting payment.

7. Inspection. Lender may make reasonable entries upon and

inspections of the Properties. Lender shall give Borrower notice at the time of or prior to any inspection specifying reasonable cause for the inspection.

8. Condemnation. The proceeds of any award or claim for damages, direct or consequential, in connection with any condemnation or other taking of the Properties, or for conveyance in lieu of condemnation, are hereby assigned and shall be paid to Lender.

Unless Lender and Borrower otherwise agree in writing, any such application of proceeds to principal shall not extend or postpone the due date of the monthly payments referred to in paragraph 1 or change the amount of such payments.

- 9. Borrower Not Released; Forbearance by Lender Not a Waiver. Extension of the time for payment or modification of amortization of the sums secured by this Security Instrument granted by Lender to any successor in interest of Borrower shall not operate to release the liability of the original Borrower and Borrower's successors in interest. Lender shall not be required to commence proceedings against any successor in interest or refuse to extend time for payment or other wise modify amortization of the sums secured by this Security Instrument by reason of any demand made by the original Borrower or Borrower's successors in interest. Any forbearance by Lender in exercising any right or remedy shall not be a waiver of or preclude the exercise of any right or remedy.
- 10. Successors and Assigns Bound; Joint and Several Liability; Cosigners. The covenants and agreements of this Security Instrument shall bind and benefit the successors and assigns of Lender and Borrower, subject to the provisions of Paragraph 15. Borrower's covenants and agreements shall be joint and several. Any Borrower who co-signs this Security Instrument but does not execute the Note: (a) is co-signing this Security Instrument only to mortgage, grant and convey that Borrower's interest in the property under the terms of this Security Instrument; (b) is not personally obligated to pay the sums secured by this Security Instrument; and (c) agrees that Lender and any other Borrower may agree to extend, modify, forbear or make any accommodations with regard to the terms of this Security Instrument the Note of the Real Estate Sale Contract without that Borrower's consent.
- 11. Loan Charges. If the loan secured by this Security Instrument is subject to a law which sets maximum loan charges, and that law is finally interpreted so that the interest or other loan charges collected or to be collected in connection with the loan exceed the permitted limits, then: (a) any such loan charge shall be reduced by the amount necessary to reduce the charge to the permitted limit; and (b) any sums already collected from Borrower which exceeded permitted limits will be refunded to Borrower. Lender may choose to make this refund by reducing the principal owed under the Note or by making a direct payment to Borrower. If a refund reduces principal, the reduction will be treated as a partial prepayment without any prepayment charge under the Note.
- 12. Notices. Any notice to Borrower provided for in this Security Instrument shall be given by delivering it or by mailing it by first class mail unless applicable law requires use of another method. The notice shall be directed to the Property Address or any other address Borrower designates by notice to Lender. Any notice to Lender shall be given by first class mail to Lender's address stated herein or any other address as Lender

designates by notice to Borrower. Any notice provided for in this Security Instrument shall be deemed to have been given to Borrower or Lender when given as provided in this paragraph.

- 13. Governing Law; Severability. This Security Instrument shall be governed by the law of the jurisdiction in which the Properties are located. In the event that any provision or clause of this Security Instrument the Note or the Real Estate Sales Contract conflicts with applicable law, such conflict shall not affect other provisions of this Security Instrument the Note or the Real Estate Sale Contract which can be given effect without the conflicting provision. To this end, the provisions of this Security Instrument the Note and the Real Estate Sale Contract are declared to be severable.
- 14. Borrower's Copy. Borrower shall be given one conformed copy of the Note the Real Estate Sale Contract and of this Security Instrument.
- 15. Transfer of the Property or a Beneficial Interest in Borrower. If all or any part of the Properties or any interest in them is sold or transferred (or if a beneficial interest in Borrower is sold or transferred and Borrower is not a natural person) without Lender's prior written consent, Lender may, at its option, require immediate payment in full of all sums secured by this Security Instrument. However, this option shall not be exercised by Lender if exercise is prohibited by federal law as of the date of this Security Instrument.

If Lender exercises this option, Lender shall give Borrower notice of acceleration. The notice shall provide a period of not less than 30 days from the date the notice is delivered or mailed within which Borrower must pay all sums secured by this Security Instrument. If Borrower fails to pay these sums prior to the expiration of this period, Lender may invoke any remedies permitted by this Security Instrument without further notice or demand on Borrower.

- 16. Borrower's Right to Reinstate. If Borrower meets certain conditions, Borrower shall have the right to have enforcement of this Security Instrument discontinued at any time prior to the earlier of: days (or such other period as applicable law may specify for reinstatement) before sale of the Property pursuant to any power of sale contained in this Security Instrument; or (b) entry of a judgment enforcing this Security Instrument. Those conditions are that Borrower: (a) pays Lender all sums which then would be due under this Security Instrument and the Note as if no acceleration had occurred; (b) cures any default of any other covenants or agreements; (c) pays all expenses incurred in enforcing this Security Instrument, including, but not limited to, reasonable attorney's fees; and (d) takes such action as Lender may reasonably require to assure that the lien of this Security Instrument, Lender's rights in the Property and Borrower's obligation to pay the sums secured by this Security Instrument shall continue unchanged. Upon reinstatement by Borrower, this Security Instrument and the obligations secured hereby shall remain fully effective as if no acceleration had occurred. However, this right to reinstate shall not apply in the case of acceleration under paragraph 15.
- 17. Hazardous Substances. Borrower shall not cause or permit the presence, use, disposal, storage, or release of any Hazardous Substances on or in the Properties. Borrower shall not do, nor allow anyone else to do, anything affecting the Properties that is in violation of any Environmental Law. The preceding two sentences shall not apply to the presence, use, or

storage on the Properties of small quantities of Hazardous Substances that are generally recognized to be appropriate to normal residential uses and to maintenance of the Properties.

Borrower shall promptly give Lender written notice of any investigation, claim, demand, lawsuit or other action by any governmental or regulatory agency or private party involving the property and any Hazardous Substance or Environmental Law of which Borrower has actual knowledge. If Borrower learns, or is notified by any governmental or regulatory authority, that any removal or other remediation of any Hazardous Substance affecting the Property is necessary, Borrower shall promptly take all necessary remedial actions in accordance with Environmental Law.

As used in this paragraph, "Hazardous Substances" are those substances defined as toxic or hazardous substances by Environmental Law and the following substances: gasoline, kerosene, other flammable or toxic petroleum products, toxic pesticides and herbicides, volatile solvents, materials containing asbestos or formaldehyde, and radioactive materials. As used in this paragraph, "Environmental Law" means federal laws and laws of the jurisdiction where the Property is located that relate to health, safety or environmental protection.

NON-UNIFORM COVENANTS. Borrower and Lender further covenant and agree as follows:

- 18. Acceleration; Remedies. Lender shall give notice to Borrower prior to acceleration following Borrower's breach of any covenant or agreement in this Security Instrument or the Installment Real Estate Contract (but not prior to acceleration under paragraph 16 unless applicable law provides otherwise). The notice shall specify: (a) the default; (b) the action required to cure such default; (c) a date, not less than 30 days from the date the notice is given to Borrower, by which the default must be cured; and (d) that failure to cure the default on or before the date specified in the notice may result in acceleration of the sums secured by this Security Instrument, foreclosure by judicial proceeding and sale of the The notice shall further inform Borrower of the right to reinstate after acceleration and the right to assert in the foreclosure proceeding the non-existence of a default or any other defense of Borrower to acceleration and foreclosure. If the default is not cured on or before the date specified in the notice, Lender at its option may require payment in full of all sums secured by this Security Instrument without further demand and may foreclose this Security Instrument by judicial proceeding. Lender shall be entitled to collect all expenses incurred in pursuing the remedies provided in this paragraph, including, but not limited to, reasonable attorney's fees, and costs of title evidence.
- 19. Release. Upon payment of all sums secured by this Security Instrument, Lender shall release this Security Instrument without charge to Borrower. Borrower shall pay any recordation costs.
- 20. Waiver of Homestead. Borrower waives all right of homestead exemption in the Property.

BY SIGNING BELOW, Borrower accepts and agrees to the terms and covenants contained in this Security Instrument and in any rider(s) executed by Borrower and recorded with it.

WITNESSES:	(0, 3)
	HomeInvestors LLC - Borrower Dustin Rieger - Managing Member
STATE OF ILLINOIS )  SS  COUNTY OF MADISON )	
State aforesaid, DO HEREBY CERTIFY me to be the same person(s) who foregoing instrument, appeared acknowledged that he/she/they si instrument as his/her/their free	Public, in and for said County in the THAT <b>Dustin Rieger</b> personally known to ose name(s) is/are subscribed to the before me this day in person and gned, sealed and delivered the said and voluntary act, for the uses and ing the release and waiver of the right
GIVEN under my hand and notae 2015.	rial seal this day of,
	Notary Public

This instrument prepared by and return this document to:

### PURCHASE MONEY NOTE

2450 Cleveland Blvd., Granite City, Illinois 62040

PPN - 22-2-20-18-11-203-001

Legal – The SW 33 1/3 feet of Lot 3 of Hills Parkview Subdivision, a subdivision according to the plat thereof in the Recorder's Office of Madison County, Illinois in Plat Book 9, Page 56.

2452 Cleveland Blvd., Granite City, Illinois 62040 PPN - 22-2-20-18-11-203-002

Legal – The SW 16 2/3 feet of Lot 2 and the NE 16 2/3 feet of Lot 3 of Hills Parkview Subdivision, a subdivision according to the plat thereof in the Recorder's Office of Madison County, Illinois, in Plat Book 9 Page 56

### 1. BORROWER'S PROMISE TO PAY.

In return for a loan that I have received, the undersigned jointly and severally promise to pay the sum of U.S. \$40,000.00 (this amount is called principal) with interest to the order of the Lender. The Lender is **the City** of **Granite City**.

### 2. INTEREST.

No Interest will be charged on the unpaid principal unless the terms of the Real Estate Sale Contract, dated the \_\_\_\_ day of \_\_\_\_\_\_, 2015 are breached. Borrower shall be given written notice of any breach or default of any covenant or agreement. The notice shall specify: (a) the breach or default; (b) the action required to cure such default; (c) a date, not less than 30 days from the date the notice is given to Borrower, by which the default must be cured; and (d) that failure to cure the default on or before the date specified in the notice may result in acceleration of the sums secured by this Security Instrument, foreclosure by judicial proceeding and sale of the Property. In the event the Borrower fails to cure the breach or default, the Borrower shall be charged interest beginning on the 31<sup>st</sup> day after the notice was sent at a rate of 10% per annum on the remaining unpaid balance until such time as the remaining balance has been satisfied.

### 3. PAYMENTS.

I shall pay the amount of Forty Thousand dollars (\$4,000.00), One Thousand dollars (\$1,000.00) to be paid at closing and the remaining Thirty Nine Thousand dollars (\$39,000.00) to be paid or forgiven in accordance with the terms of this Note, the Purchase Money Mortgage and Real Estate Sale Contract.

### 4. BORROWER'S RIGHT TO PREPAY.

- ( ) I do not have the right to prepay.
- (xx) I have the right to prepay in full at any time.
- (xx) I have the right to make partial prepayments only in amounts equal to one or more principal payments next to become due as shown on the loan amortization schedule.

### 5. LOAN CHARGES.

If a law, which applies to this loan and which sets maximum loan charges, is finally interpreted so that the interest or other loan charges collected or to be collected in connection with this loan exceed the permitted limits, then: (i) any such loan charge shall be reduced by the amount necessary to reduce the charge to the permitted limit; and (ii) any

sums already collected from me which exceeded permitted limits will be refunded to me. The Note Holder may choose to make this refund by reducing the principal I owe under this Note or by making a direct payment to me. If a refund reduces principal, the reduction will be treated as a partial prepayment.

6. BORROWER'S FAILURE TO PAY AS REQUIRED.

### (A) Notice of Default.

If I am in default, the Note Holder may send me a written notice telling me that if I do not cure the default, the Note Holder may require me to pay immediately the full amount of principal which has not been paid and all the interest that I owe on that amount. That date must be at least thirty (30) days after the date on which the notice is delivered or mailed to me.

### (B) No Waiver By Note Holder.

Even if at a time when I am in default, the Note Holder does not require me to pay immediately in full as described above, the Note Holder will still have the right to do so if I am in default at a later time.

(C) Payment of Note Holder's Costs and Expenses.

If the Note Holder has required me to pay immediately in full as described above, the Note Holder will have the right to be paid back by me for all of its costs and expenses in enforcing this Note to the extent not prohibited by applicable law. Those expenses include, for example, reasonable attorney fees.

### 7. GIVING OF NOTICES.

Unless applicable law requires a different method, any notice that must be given to me under this Note will be given by delivering it or by mailing it by first class mail to me at the Property Address above or at a different address if I give the Note Holder a notice of my different address.

Any notice that must be given to the Note Holder under this Note will be given by mailing it by first-class mail to the Note Holder at the address stated in Section  $3\,(A)$  above or at a different address if I am given a notice of that different address.

### 8. OBLIGATIONS OF PERSONS UNDER THIS NOTE.

If more than one person signs this Note, each person is fully and personally obligated to keep all of the promises made in this Note, including the promise to pay the full amount owed. Any person who is a guarantor, surety, or endorser of this Note is also obligated to do these things. Any person who takes over these obligations, including the obligations of a guarantor, surety, or endorser of this Note, is also obligated to keep all of the promises made in this Note. The Note Holder may enforce its rights under this Note against each person individually or against all of us together. This means that any one of us may be required to pay all of the amounts owed under this Note.

9. WAIVERS.

I and any other person who has obligations under this Note waive the rights of presentment and notice of dishonor. "Presentment" means the right to require the Note Holder to demand payment of amounts due. "Notice of dishonor" means the right to require the Note Holder to give notice to other persons that amounts due have not been paid.

### 10. UNIFORM SECURED NOTE.

This Note is a uniform instrument. In addition to the protections given to the Note Holder under this Note, a Mortgage (the "Security Instrument") dated the same date as this Note, protects the Note Holder from possible losses which might result if I do not keep the promises which I make in this Note. That Security Instrument describes how and under what conditions I may be required to make immediate payment in full of all amounts I owe under this Note. Some of those conditions are described as follows:

Transfer of the Property or a Beneficial Interest in Borrower. If all or any part of the Properties or any interest in them is sold or transferred (or if a beneficial interest in Borrower is sold or transferred and Borrower is not a natural person) without Lender's prior written consent, Lender may, at its option, require immediate payment in full of all sums secured by this Security Instrument. However, this option shall not be exercised by Lender if exercise is prohibited by law as of the date of this Security Instrument.

If Lender exercises this option, Lender shall give Borrower notice of acceleration. The notice shall provide a period of not less than thirty (30) days from the date the notice is delivered or mailed within which Borrower must pay all sums secured by this Security Instrument. If Borrower fails to pay these sums prior to the expiration of this period, Lender may invoke any remedies permitted by this Security Instrument without further notice or demand on Borrower.

This Note is secured by a Purchase Money Mortgage on real estate properties situate in Madison County, Illinois, of even date herewith, and the provisions therein contained are incorporated herein and made a part hereof.

WITNESS THE HAND(S) AND SEAL(S) OF THE UNDERSIGNED.

DATED:		BORROWERS:	
DATED:			
	DATED:		(Seal)





GAIL VALLE, TREASURER Office: 618/452-6207 FAX: 618/452-6263

JUDY I William Avenue
RE Granite City, Illinois 62040

MAR 1 1 2015

CITY CLERK'S OFFICE
GFANITE CITY IL

### TREASURER'S REPORT FEBRUARY 2015

		BE	G BALANCE	REVENUE		DISBURSEMENTS		END BALANCE	
GFNFRAL FUND 10 -1-11100	CASH REGULAR	\$	4,519,987.15	\$	1,151,585.57	\$	(1,861,858.15)	\$	3,809,714.57
<b>GRANITE CITY (</b> 15 -1-11100	C <b>INEMA</b> CASH	\$	(1,111.72)	\$	64,900.00	\$	(54,894.84)	\$	8,893.44
<b>DRUG FD</b> 25 -1-11100	CASH REGULAR	\$	405,841.43	\$	51,023.35	\$	(10,497.16)	\$	446,367.62
MOTOR FUEL T 30 -1-11100	CASH REGULAR	\$	(683,038.27)	\$	70,642.47	\$	(32,239.27)	\$	(644,635.07)
<b>HEALTH FUND</b> 40 -1-11100	CASH REGULAR	\$	698,806.82	\$	102,162.43	\$	-	\$	800,969.25
DOWNTOWN	rif								
65 -1-11100	CASH REGULAR	\$	923,294.51	\$	28,722.64	\$	(796,394.40)	\$	155,622.75
65 -1-11120	Bond Fund	\$		\$	-	\$		\$	NA.
65 -1-11130	UMB RESERVE	\$	-	\$	-	\$		\$	-
65 -1-11135	UMB SPEC TAX ALL	\$	-	\$	-	\$	-	\$	-
65 -1-11140	UMB P&I	\$	-	\$	-	\$	_	\$	-
65 -1-11500	2012 BOND PROCEE	\$	7,892,808.88	\$	<del>-</del>	\$		\$	7,892,808.88
65 -1-11510	2012 BOND RESERV	\$	982,000.00	\$		\$	-	\$	982,000.00
65 -1-11550	2012 BOND EXPENS	\$	6,592.94	\$		\$		\$	6,592.94
65 -1-11556	2012 BOND P&I	\$ 1,154,358.33		\$	· <del>-</del>	\$		\$	1,154,358.33
	FUND 65 TOTAL	\$	10,959,054.66	 \$	28,722.64	- \$	(796,394.40)	\$	10,191,382.90

RT 3 TIF'S					
66 -1-11100	CASH REGULAR	\$ 488,285.95	\$ -	\$ ·	\$ 488,285.95
66 -1-11110	UMB BANK-SPEC AL	\$ -	\$ -	\$ -	\$ -
66 -1-11115	UMB BANK - 2009C	\$ 11,096.78	\$ -	\$ ~	\$ 11,096.78
66 -1-11116	UMB BANK - RESER	\$ 372,625.30	\$ _	\$ -	\$ 372,625.30
66 -1-11117	UMB BANK - P&I 2	\$ 778,082.25	\$ ~	\$ •	\$ 778,082.25
66 -1-11118	UMB-SPECIAL ALLO	\$ 4.20	\$ ~	\$ -	\$ 4.20
66 -1-11120	UMB BANK RESERVE	\$ 364,000.00	\$ -	\$ -	\$ 364,000.00
66 -1-11121	UMB BANK P&I	\$ 61,583.45	\$ -	\$ •	\$ 61,583.45
66 -1-11122	UMB BOND GENERA	\$ 334.83	\$ -	\$ er.	\$ 334.83
	FUND 66 TOTAL	\$ 2,076,012.76	\$ **	\$ -	\$ 2,076,012.76
TIF NAMEOKI (	COM				
67 -1-11100	CASH REGULAR	\$ 121.02	\$ 8,809.82	\$ (10,099.14)	\$ (1,168.30)
TIF PORT DISTI	RICT				
68 -1-11100	CASH REGULAR	\$ 59,718.21	\$ 57.00	\$ (47,241.86)	\$ 12,533.35
RTE 203 TIF					
69 -1-11100	CASH REGULAR	\$ (11,933.92)	\$ 	\$ (335.00)	\$ (12,268.92)
69 -1-11105	CASH UMB	\$ 401,280.14	\$ -	\$ ,	\$ 401,280.14
69 -1-11106	CASH UMB P&I	\$ 355,458.38	\$ -	\$ pa.	\$ 355,458.38
69 -1-11107	CASH UMB RESERV	\$ 421,000.00	\$ ~	\$ 	\$ 421,000.00
	FUND 69 TOTAL	\$ 1,165,804.60	\$ pe-	\$ (335.00)	\$ 1,165,469.60
SEWAGE TREA	TMENT FD				
70 -1-11100	CASH REGULAR	\$ 2,017,308.63	\$ 478,179.00	\$ (362,807.99)	\$ 2,132,679.64
70 -1-11125	CONSTRUCTION FUN	\$ ÷	\$ <del>-</del>	\$ <u></u>	\$ -
70 -1-11130	BOND RESERVE ACC	\$ 256,220.50	\$ -	\$ uu	\$ 256,220.50
	FUND 70 TOTAL	\$ 2,273,529.13	\$ 478,179.00	\$ (362,807.99)	\$ 2,388,900.14
SEWER SYSTEN	/I FD				
71 -1-11100	CASH REGULAR	\$ 1,882,733.83	\$ 385,251.02	\$ (327,795.70)	\$ 1,940,189.15
CAPITAL IMPR	OVE				
90 -1-11100	CASH REGULAR	\$ (102,445.63)	\$ -	\$ -	\$ (102,445.63)

RESPECTFULLY SUBMITTED  $\mathcal{M}$ 

Mail Valle GAIL VALLE, CITY TREASURER 3/11/2015 10:46 AM . PAYROLL HISTORY REPORT PAYROLL NO#: 01 - City of Granite City SORTED BY DEPARTMENT PAGE: 1 DATE: 3/01/2015 THRU 3/15/2015

> DEPARTMENT TOTALS YOR

DEPARTMENT:	10 -01	MAYOR
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NBR CHECKS NET -	1st - Quarte 9 Ch	R TOTALS ECK(S) 11400.38	2ND - QUARTER 0 CHE		3RD - QUARTER 0 CHE		4TH - QUARTER TOTALS 0 CHECK(S) 0.00		** TOTA 9 CH	L ** HECK(S) 11400.38	
*EARNINGS* GROSS -	HOURS	AMOUNT 16970.19	HOURS	AMOUNT 0.00	HOURS	TRUOMA 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 16970.19	
SALARY -	421.64	16403.52	0.00	0.00	0.00	0.00	0.00	0.00	421.64	16403.52	
TIF ADMIN -	0.00	416.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	416.67	
DECLINE -	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00	
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
HLTH FAM PR-	0.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00	
HLTH SNG PR-	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	25,00	
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ST FARM INS-	3.84	3.81	0.00	0.00	0.00	0.00	0.00	0.00	3.84	3.81	
IPPFA 457 P-	0.00	790.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	790.00	
AFSCME 31 -	0.00	40.70	0.00	0.00	0.00	0.60	0.00	0.00	0.00	40.76	
UNITED WAY -	0.00	61.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61.58	
DENTAL PRE -	0.00	39.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.61	
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
AMERITAS PR-	0.00	8.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.24	
AMERITAS AF-	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DENTAL PRE -	0.00	41.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41.64	
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DIVERS 457%-	0.00	101.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	101.50	
I.M.R.F -	1561.16	614.11	0.00	0.00	0.00	0.00	0.00	0.00	1561.16	614.11	
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	
FEDERAL W/H-	15150.09	1802.90	0.00	0.00	0.00	0.00	0.00	0.00	15150.09	1802.90	
STATE W/H -	15150.09	566.57	0.00	0.00	0.00	0.00	0.00	0.00	15150.09	566.57	
FICA -	16655.70	1032.64	0.00	0.00	0.00	0.00	0.00	0.00	16655.70	1032.64	
MEDICARE -	16655.70	241.51	0.00	0.00	0.00	0.00	0.00	0.00	16655.70	241.51	
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00	

EIC CREDIT -

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### DEPARTMENT TOTALS

DEPARTMENT: 10 -02 CITY CLERK

0.00

1ST - QUARTER TOTALS			2ND - QUARTER	TOTALS	3RD - QUARTER	TOTALS	4TH - QUARTER	TOTALS	** TOTAL **		
NBR CHECKS -	BR CHECKS - 4 CHECK(S)		0 CHE	CK(S)	0 CHE	CK(S)	0 CHE	CK(S)	4 CHI	ECK(S)	
NET -		5134.29		0.00		0.00		0.00		5134.29	
*EARNINGS*	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	
GROSS -		7835.11		0.00		0.00		0.00		7835.11	
SALARY -	346.64	7685.11	0.00	0.00	0.00	0.00	0.00	0.00	346.64	7685.11	
DECLINE -	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	150.00	
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	
OPTUM FUNDI	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	
HLTH FAM PR-	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	
HLTH FML AF-	0.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ST FARM INS-	5.12	5.08	0.00	0.00	0.00	0.00	0.00	0.00	5.12	5.08	
IPPFA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
AFSCME 31 -	0.00	81.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81.40	
DENTAL PRE -	0.00	. 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	
AMERITAS PR-	0.00	56.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56.56	
AMERITAS AF-	0.00	16.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.48	
DENTAL PRE -	0.00	105.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	105.63	
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
CHAPTER 13 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
I.M.R.F -	896.33	352.58	0.00	0.00	0.00	0.00	0.00	0.00	896.33	352.58	
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
MELLON ADD -	0.00	108.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	108.75	
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	
FEDERAL W/H-	7111.59	971.58	0.00	0.00	0.00	0.00	0.00	0.00	7111.59	971.58	
STATE W/H -	7111.59	281.76	0.00	0.00	0.00	0.00	0.00	0.00	7111.59	281.76	
FICA -	7464.17	462.77	0.00	0.00	0.00	0.00	0.00	0.00	7464.17	462.77	
MEDICARE -	7464.17	108.23	0.00	0.00	0.00	0.00	0.00	0.00	7464.17	108.23	
PTC COPDID -		0.00		0.00		0.00		0.00		0.00	

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DEPARTMENT TOTALS

DEPARTMENT: 10 -03 LEGISLATIVE - ALDERM

NER CHECKS -	1ST - QUARTEE 10 CH		2ND - QUARTER 0 CHE		3RD - QUARTER 0 CHE		4TH - QUARTER 0 CHE		** TOTA 10 CH	
*EARNINGS* GROSS - SALARY -	HOURS	AMOUNT 2633.30 2633.30	HOURS	AMOUNT 0.00 0.00	HOURS	AMOUNT 0.00 0.00	HOURS	AMOUNT 0.00 0.00	HOURS	AMOUNT 2633.30 2633.30
*DEDUCTIONS* ST FARM INS I.M.R.F -	EMPLOYER 1.28 150.60	DEDUCT 1.27 59.25	EMPLOYER 0.00 0.00	DEDUCT 0.00 0.00	EMPLOYER 0.00 0.00	DEDUCT 0.00 0.00	EMPLOYER 0.00 0.00	DEDUCT 0.00 0.00	EMPLOYER 1.28 150.60	DEDUCT 1.27 59.25
*TAXES* FEDERAL W/H- STATE W/H - FICA - MEDICARE - EIC CREDIT -	TAXABLE 2574.05 2574.05 2633.30 2633.30	TAX 156.12 101.47 163.30 38.20 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 2574.05 2574.05 2633.30 2633.30	TAX 156.12 101.47 163.30 38.20 0.00

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DEPARTMENT TOTALS

DEPARTMENT: 10 -04 TREASURER

NBR CHECKS -	1ST - QUARTER TOTALS ECKS - 4 CHECK(S)		2ND - QUARTER 0 CHE	CK(S)	3RD - QUARTER 0 CHE		4TH - QUARTER 0 CHE		** TOTAL ** 4 CHECK(S)		
NET -		4046.58		0.00		0.00		0.00		4046.58	
*EARNINGS* GROSS -	HOURS	AMOUNT 6545.46	HOURS	AMOUNT 0.00	HOURS	AMOUNT	HOURS	AMOUNT 0.00	HOURS	AMOUNT 6545.46	
SALARY -	267.98	6500.46	0.00	0.00	0.00	0.00	0.00	0.00	267.98	6500.46	
DECLINE -	0.00	45.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.00	
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
HLTH SNG AF-	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	
HLTH FML AF-	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	
LOAN PAYMEN-	0.00	21.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.51	
LOAN PAYMEN-	0.00	80.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.78	
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ST FARM INS-	2.56	2.54	0.00	0.00	0.00	0.00	0.00	0.00	2.56	2.54	
IPPFA 457 P-	0.00	220.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	220.20	
AFSCME 31 -	0.00	81.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81.40	
UNITED WAY -	0.00	21.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.00	
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DENTAL AFTE-	0.00	99.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	99.04	
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DENTAL AFT -	0.00	41.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41.64	
I.M.R.F -	748.80	294.55	0.00	0.00	0.00	0.00	0.00	0.00	748.80	294.55	
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	
FEDERAL W/H-	6030.71	791.06	0.00	0.00	0.00	0.00	0.00	0.00	6030.71	791.06	
STATE W/H -	6030.71	219.43	0.00	0.00	0.00	0.00	0.00	0.00	6030.71	219.43	
FICA -	6545.46	405.82	0.00	0.00	0.00	0.00	0.00	0.00	6545.46	405,82	
MEDICARE -	6545.46	94.91	0,00	0.00	0.00	0.00	0.00	0.00	6545.46	94.91	
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00	

PAYROLL HISTORY REPORT

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> DEPARTMENT TOTALS DEPARTMENT: 10 -05 FINANCIAL ADMINISTRA

	1ST	- QUARTER	R TOTALS	2ND - QUAR	TER TOTALS	3RD - QUAF	RTER TOTALS	4TH - QUARTE	R TOTALS	** TOTAI	**
NBR CHECKS		3 CHE	CK(S)	0	CHECK(S)	0	CHECK(S)	0 CH	ECK(S)	3 CHE	CK(S)
NET	4		3408.27		0.00		0.00		0.00		3408.2
* P A DNIT NIC C *		nULID 6	አልሶስ፣አነም	UATID C	A M∕CEINIT	µ∧iib (	TAMOTTATO	UOIIDE	7/3/4/5/3/5/5	нопре	7. 14.757.11

NBR CHECKS -	3 CH1	ECK(S)	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		3 CHECK(S)	
net -		3408.27		0.00		0.00		0.00		3408.27
*EARNINGS* GROSS -	HOURS	AMOUNT 4922.33	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	THUOMA	HOURS	AMOUNT 4922.33
SALARY -	216.62	4670.07	0.00	0.00	0.00	0.00	0.00	0.00	216.62	4670.07
OVERTIME PA-	1.00	27.26	0.00	0.00	0.00	0.00	0.00	0.00	1.00	27.26
WC ED -	0.00	225.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	225.00
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	1.28	1.27	0.00	0.00	0.00	0.00	0.00	0.00	1.28	1.27
AFSCME 31 -	0.00	40.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.70
UNITED WAY -	0.00	10,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00
DENTAL PRE -	0.00	62.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62.03
AMERITAS PR-	0.00	8.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.24
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	563.12	221.51	0.00	0.00	0.00	0.00	0.00	0.00	563.12	221.51
REIMBURSE -	0.00	16.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.66
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	4530.55	520.21	0.00	0.00	0.00	0.00	0.00	0,00	4530.55	520.21
STATE W/H -	4530.55	169.90	0.00	0.00	0.00	0.00	0.00	0.00	4530.55	169.90
FICA -	4752.06	294.63	0.00	0.00	0.00	0.00	0.00	0.00	4752.06	294.63
MEDICARE -	4752.06	68.91	0.00	0.00	0.00	0.00	0.00	0.00	4752.06	68.91
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

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DEPARTMENT TOTALS

DEPARTMENT: 10 -06 IT DEPARTMENT

1ST - QUARTER TOTALS  NBR CHECKS - 2 CHECK(S)		2ND - QUARTER TOTALS 0 CHECK(S)		3RD - QUARTER TOTALS 0 CHECK(S)		4TH - QUARTER TOTALS 0 CHECK(S)		** TOTAL ** 2 CHECK(S)		
NET -		3287.63		0.00		0.00		0.00		3287.63
*EARNINGS* GROSS -	HOURS	AMOUNT 4923.34	HOURS	AMOUNT	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 4923.34
SALARY -	173.32	4923.34	0.00	0.00	0.00	0.00	0.00	0.00	173.32	4923.34
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI HLTH FAM PR-	0.00	0.00 50.00	0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 50.00 25.00
HLTH SNG AF- HLTH FML AF- UNITED WAY -	0.00 0.00 0.00	25.00 0.00 31.35	0.00 0.00 0.00	0.00	0.00 0.00	0.00	0.00	0.00	0.00	0.00 31.35
DENTAL PRE - DENTAL AFTE-	0.00	127.97	0.00	0.00	0.00 0.00	0.00	0.00	0.00	0.00	127.97
AMERITAS PR- AMERITAS AF-	0.00 0.00	23.60 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	23.60 0.00
I.M.R.F -	563.23	221.55	0.00	0.00	0.00	0.00	0.00	0.00	563.23	221.55
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	4500.22	626.26	0.00	0.00	0.00	0.00	0.00	0.00	4500.22	626.26
STATE W/H - FICA - MEDICARE -	4500.22 4721.77 4721.77	168.76 292.75 68.47	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	4500.22 4721.77 4721.77	168.76 292.75 68.47
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

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DEPARTMENT TOTALS

DEPARTMENT:	10 -07	POLICE

1	lst - Quart	ER TOTALS	2ND - QUARTER	TOTALS	3RD - QUARTER	TOTALS	4TH - QUARTER	TOTALS	** TOT?	il **
NBR CHECKS -	76 C	HECK(S)	0 CHE	CK(S)	0 CHE	CK(\$)	0 CHE	CK(S)	76 CE	IECK(S)
NET -		143534.99		0.00		0.00		0.00		143534.99
*EARNINGS* GROSS -	HOURS	AMOUNT 213876.87	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 213876.87
SALARY -	6239.53	193718.15	0.00	0.00	0.00	0.00	0,00	0.00	6239.53	
HOURLY PAY -	43.00	354.75	0.00	0.00	0.00	0.00	0.00	0.00	43.00	193718.15 354.75
SHORT/CHG -	36.00	998.07	0.00	0.00	0.00	0.00	0.00	0.00	36,00	998.07
REIM OT -	66.00	3328.70	0.00	0.00	0.00	0.00	0.00	0.00	66.00	3328.70
OVERTIME PA-	78.00	3596.36	0.00	0.00	0.00	0.00	0.00	0.00	78.00	3596.36
COURT TIME -	6.00	413.88	0.00	0.00	0.00	0.00	0.00	0.00	6.00	413.88
CALL OUT -	80.00	3844.96	0.00	0.00	0.00	0.00	0.00	0.00	80,00	3844.96
COR -	134.00	5360.00	0.00	0.00	0.00	0.00	0.00	0.00	134.00	5360.00
HOLIDAY -	48.00	1484.64	0.00	0.00	0.00	0.00	0.00	0.00	48.00	1484.64
RANK DIFF -	84.00	227.85	0.00	0.00	0.00	0.00	0.00	0.00	84.00	227.85
DISPATCH 2 -	264.00	211.20	0.00	0.00	0.00	0.00	0.00	0.00	264.00	211.20
SHIF/DIFF3 -	1013.00	658.45	0.00	0.00	0.00	0.00	0.00	0.00	1013.00	658.45
WC ED -	0.00	175.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	175.00
INJURED -	0.00	1699.58-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1699.58-
DECLINE -	0.00	450.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	450.00
LIEU OF -	36.00	754.44	0.00	0.00	0.00	0.00	0.00	0.00	36,00	754.44
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
HLTH SNG PR-	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00
HLTH SNG AF-	0.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
HLTH FML AF-	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
PBPA CHIEF - LOAN PAYMEN-	0.00	60.00 600.37	0.00 0.00	0.00	0.00 0.00	0.00	0.00	0.00	0.00	60.00
LOAN PAYMEN-	0.00	493.82	0.00	0.00	0.00	0.00	0.00 0.00	0.00 0.00	0.00 0.00	600.37 493.82
LOAN PAYMEN-	0.00	414.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	414.14
ST FARM INS-	62.72	62.23	0.00	0.00	0.00	0.00	0.00	0.00	62.72	62.23
AMER HERITA-	0.00	42.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42.65
IPPFA 457 P-	0.00	1801.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1801.00
PBPA LABOR -	0.00	2660.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2660.00
AFSCME 31 -	0.00	447.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	447.70
UNITED WAY -	0.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20.00
DENTAL PRE -	0.00	419.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	419.76
DENTAL AFTE-	0.00	831.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	831.99
BAS 125 PLA-	0.00	125.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125.00
POLICE/FIRE-	0.00	138.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	138.74
AMERITAS PR-	0.00	80.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.16
AMERITAS AF-	0.00	144.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	144.96
DENTAL PRE -	0.00	28.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.40
DENTAL AFT -	0.00	19.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.81
CHILD SUPPT-	0.00	1838.01	0.00 0.00	0.00	0.00 0.00	0.00	0.00	0.00	0.00	1838.01
DIVERS 457%- GARN FEE -	0.00	1152.34		0.00		0.00	0.00	0.00	0.00	1152.34
GARNISHMENT-	0.00	5.00 348.00	0.00 0.00	0.00	0.00 0.00	0.00	0.00 0.00	0.00 0.00	0.00 0.00	5.00 348.00
PRIN LOAN -	0.00	57.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57.68
LOAN PYMT -	0.00	80.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.60
PRINCIPAL -	0.00	665.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	665.00
I.M.R.F -	3012.01	1184.80	0.00	0.00	0.00	0.00	0.00	0.00	3012.01	1184.80

3/11/2015 10 PAYROLL NO#:		Granite City	PAYRO	LL HI SORTED BY E	S T O R Y DEPARTMENT	REPORT		DATE: 3,	/01/2015 THRU	PAGE: 8 3/15/2015	
POL PENSION-	0.00	16899.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16899.33	
MELLON ADD -	0.00	77.50	0.00	0.00	0.00	0.00	0.00	0,00	0.00	77.50	
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	
FEDERAL W/H-	191268.58	27509.49	0.00	0.00	0.00	0.00	0.00	0.00	191268.58	27509.49	
STATE W/H -	191268.58	7080.66	0.00	0.00	0.00	0.00	0.00	0.00	191268.58	7080.66	
FICA -	26485.04	1642.08	0.00	0.00	0.00	0.00	0.00	0.00	26485.04	1642.08	
MEDICARE -	209356.25	3035.66	0.00	0.00	0.00	0.00	0.00	0.00	209356.25	3035.66	
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00	

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DEPARTMENT TOTALS DEPARTMENT: 10 -08 FIRE & AMBULANCE

	lst - Quarti		2ND - QUARTER	TOTALS	3RD - QUARTER	TOTALS	4TH - QUARTER	TOTALS	** TOT.	AL **
NBR CHECKS -	56 C	HECK(S)	0 CHE	CK(S)	0 CHE	CK(S)	0 CHE	CK(S)	56 C	HECK(S)
NET -		108308.31		0.00		0.00		0.00		108308.31
*EARNINGS* GROSS -	HOURS	AMOUNT 166728.51	HOURS	THUOMA	HOURS	TRUOMA 00.0	HOURS	TRUOMA	HOURS	AMOUNT
SALARY -	6063.51	160591.81	0.00		0.00		2.22	0.00		166728.51
CALL OUT -	48.75	1897.72	0.00 0.00	0.00	0.00	0.00	0.00	0.00	6063.51	160591.81
RANK DIFF -	1056.00	1916.02		0.00	0.00	0.00	0.00	0.00	48.75	1897.72
			0.00	0.00	0.00	0.00	0.00	0.00	1056.00	1916.02
INJURED -	0.00	857,89-		0.00	0.00	0.00	0.00	0.00	0.00	857.89-
EMA COOR -	0.00	500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
DECLINE -	0.00	750.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	750.00
RETROREG -	0.00	497.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	497.28
CEU HOURS -	38.00	1433.57	0.00	0.00	0.00	0.00	0.00	0.00	38.00	1433.57
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OMB FUNDING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM FUNDI-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	1950.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1950.00
HLTH SNG PR-	0.00	300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	300.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	446.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	446.28
LOAN PAYMEN-	0.00	34.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34.28
ST FARM INS-	48.64	48.26	0.00	0.00	0.00	0.00	0.00	0.00	48.64	48.26
AMER HERITA-	0.00	60.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.20 60.06
IPPFA 457 P-	0.00	3823.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3823.08
RELIEF & WE-	0.00	85.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	85.00
AFSCME 31 -	0.00	40.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.70
UNITED WAY -	0.00	482.06	0.00	0.00	0.00	0.00				
DENTAL PRE -	0.00	607.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	482.06
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	607.33
BAS 125 PLA-	0.00	0.00						0.00	0.00	0.00
POLICE/FIRE-	0.00	556.41	0.00 0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	203.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	556.41
				0.00	0.00	0.00	0.00	0.00	0.00	203.76
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	253.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	253.42
253 FIRE PA-	0.00	198.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	198.50
ADD FIRE PA-	0.00	40.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40,50
CHILD SUPPT-	0.00	955.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	955.00
DIVERS 457%-	0.00	172.74	0.00	0,00	0.00	0.00	0.00	0.00	0.00	172.74
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PYMT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL -	0.00	745.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	745.00
I.M.R.F -	223.81	88.04	0.00	0.00	0.00	0.00	0.00	0.00	223.81	88.04
FIRE PENSIO-	0.00	15093.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15093.28
ALLST-PRETA-	0.00	101.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	101.84
ALLST-TAXAB-	0.00	17.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17.90
MELLON ADD ~	0.00	71.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	71.73
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	270.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	270.42
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
******			3.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00

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UMB ADDITIO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADD PRE-	0.00	68.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68.75
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	158342.82	23568.13	0.00	0.00	0.00	0.00	0.00	0.00	158342.82	23568.13
STATE W/H -	158342.82	5839.28	0.00	0.00	0.00	0.00	0.00	0.00	158342.82	5839.28
FICA -	1931.34	119.74	0.00	0.00	0.00	0.00	0.00	0.00	1931.34	119.74
MEDICARE -	150257.94	2178.71	0.00	0.00	0.00	0.00	0.00	0.00	150257.94	2178.71
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

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DEPARTMENT TOTALS

DEPARTMENT: 10 -09 CIVIL DEFENSE

NBR CHECKS - NET -	1ST - QUARTER TOTALS 2ND - QUARTER TOTALS 0 CHECK(S) 0 CHECK(S) 0.00 0.00		3RD - QUARTER TOTALS 0 CHECK(S) 0.00		4TH - QUARTER 0 CHE		** TOTAL ** 0 CHECK(S) 0.00			
*EARNINGS* GROSS -	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	TMUOMA 00.0	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
*TAXES* FEDERAL W/H STATE W/H - FICA - MEDICARE - EIC CREDIT -	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00

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DEPARTMENT TOTALS

DEPARTMENT: 10 -11 SAFETY

1ST - QUARTER TOTALS NBR CHECKS - 2 CHECK(S)			2ND - QUARTER TOTALS 0 CHECK(S)		3RD - QUARTER TOTALS 0 CHECK(S)		4TH - QUARTER		** TOTAL ** 2 CHECK(S)	
net -		2612.16		0.00		0.00		0.00		2612.16
*EARNINGS*	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		3906.71		0.00		0.00		0.00		3906.71
SALARY -	173.32	3906.71	0.00	0.00	0.00	0.00	0.00	0.00	173.32	3906.71
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	27.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27.94
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	2.56	2.54	0.00	0.00	0.00	0.00	0.00	0.00	2.56	2.54
IPPFA 457 P-	0.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00
AFSCME 31 -	0.00	40.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.70
UNITED WAY -	0.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	16.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.48
DENTAL PRE -	0.00	28.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.40
I.M.R.F -	446.92	175.80	0.00	0.00	0.00	0.00	0.00	0.00	446.92	175.80
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	3576.03	462.81	0.00	0.00	0.00	0.00	0.00	0.00	3576.03	462.81
STATE W/H -	3576.03	134.10	0.00	0.00	0.00	0.00	0.00	0.00	3576.03	134.10
FICA -	3761.83	233.23	0.00	0.00	0.00	0.00	0.00	0.00	3761.83	233.23
MEDICARE -	3761.83	54.55	0.00	0.00	0.00	0.00	0.00	0.00	3761.83	54.55
EIC CREDIT -		0.00		0.00		0.00	0.00	0.00	5.51.05	0.00
								•		

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DEPARTMENT TOTALS

DEPARTMENT: 10 -12 BUILDING & ZONING

	1ST - QUARTE		2ND - QUARTER		3RD - QUARTER		4TH - QUARTER		** TOTA	
NBR CHECKS - NET -	II CH	ECK(S) 12280.26	0 CHE		0 CHE		0 CHE		11 CH	ECK(S)
NET -		12280.26		0.00		0.00		0.00		12280.26
*EARNINGS*	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		17994.22		0.00		0.00		0.00		17994.22
SALARY -	779.94	1.6287.22	0.00	0.00	0.00	0.00	0.00	0.00	779.94	16287.22
HOURLY PAY -	114.00	1482.00	0.00	0.00	0.00	0.00	0.00	0.00	114.00	1482.00
WC ED -	0.00	75.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00
DECLINE -	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
HLTH FML AF-	0.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
LOAN PAYMEN-	0.00	25.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.49
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	6.40	6.35	0.00	0.00	0.00	0.00	0.00	0.00	6.40	6.35
IPPFA 457 P-	0.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
AFSCME 31 -	0.00	203.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	203,50
UNITED WAY -	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	96.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	96.40
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	16.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.48
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFT -	0.00	28.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.40
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL -	0.00	175.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	175.00
I.M.R.F -	2058.54	809.75	0.00	0.00	0.00	0.00	0.00	0.00	2058.54	809.75
ALLST-PRETA-	0.00	19.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.64
ALLST-TAXAB-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	50.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.98
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	16823.35	1941.68	0.00	0.00	0.00	0.00	0.00	0.00	16823.35	1941.68
STATE W/H -	16823.35	624.17	0.00	0.00	0.00	0.00	0.00	0.00	16823.35	624.17
FICA -	17858.10	1107.18	0.00	0.00	0.00	0.00	0.00	0.00	17858.10	1107.18
MEDICARE -	17858.10	258.94	0.00	0.00	0.00	0.00	0.00	0.00	17858.10	258.94
EIC CREDIT -		0,00		0.00		0.00		0.00		0.00

EIC CREDIT -

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0.00

0.00

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### DEPARTMENT TOTALS

DEPARTMENT: 10 -13 PUBLIC WORKS

0.00

1ST - QUARTER TOTALS 2ND - QUARTER TOTALS 3RD - QUARTER TOTALS 4TH - QUARTER TOTALS \*\* TOTAL \*\* (S) 0 CHECK(S) 0.00 (S) 0 CHECK(S) 0.00 0 CHECK(S) 31 CHECK(S) NBR CHECKS - 31 CHECK(S) 0.00 54645.51 54645.51 THUOMA AMOUNT AMOUNT AMOUNT 0.00 HOURS \*EARNINGS\* HOURS HOURS HOURS HOURS AMOUNT 83546.27 0.00 2599.81 71023.15 1861.69 10553,30 88.13 20.00 \*DEDUCTIONS\* EMPLOYER DEDUCT E \*TAXES\* TAXABLE TAX TAXABLE TA 0.00

0.00

PAYROLL HISTORY REPORT PAGE: 15 3/11/2015 10:46 AM DATE: 3/01/2015 THRU 3/15/2015

DEPARTMENT TOTALS

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PAYROLL NO#: 01 - City of Granite City SORTED BY DEPARTMENT

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DEPARTMENT: 10 -14 SANITATION/INSPECTIO

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0.00

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FICA -MEDICARE -

EIC CREDIT -

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0.00

NBR CHECKS -			2ND - QUARTER TOTALS 0 CHECK(S) 0.00		3RD - QUARTER TOTALS 0 CHECK(S) 0.00		4TH - QUARTER TOTALS  0 CHECK(S)  0.00		** TOTAL ** 0 CHECK(S) 0.00	
*EARNINGS* GROSS -	HOURS	AMOUNT	HOURS	AMOUNT 0.00	HOURS	TMUOMA	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
*TAXES* FEDERAL W/H STATE W/H -	TAXABLE 0.00 0.00	TAX 0.00 0.00	TAXABLE 0.00 0.00	TAX 0.00 0.00	TAXABLE 0.00 0.00	TAX 0.00 0.00	TAXABLE 0.00 0.00	TAX 0.00 0.00	TAXABLE 0.00 0.00	TAX 0.00 0.00

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DEPARTMENT TOTALS DEPARTMENT: 10 -23 SUMMER PART-TIME HEL

NBR CHECKS -	1ST - QUARTER TOTALS O CHECK(S)		2ND - QUARTER TOTALS 0 CHECK(S)		3RD - QUARTER TOTALS 0 CHECK(S)		4TH - QUARTER TOTALS 0 CHECK(S)		** TOTAL ** 0 CHECK(S)	
NET -		0.00		0.00		0.00		0.00		0.00
*EARNINGS* GROSS -	HOURS	AMOUNT 0.00	HOURS	THUOMA 0.00	HOURS	TNUOMA 00.0	HOURS	AMOUNT 0.00	HOURS	TRUOMA 00.0
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
*TAXES* FEDERAL W/H STATE W/H -	TAXABLE 0.00 0.00	TAX 0.00 0.00	TAXABLE 0.00 0.00	TAX 0.00 0.00	TAXABLE 0.00 0.00	TAX 0.00 0.00	TAXABLE 0.00 0.00	TAX 0.00 0.00	TAXABLE 0.00 0.00	TAX 0.00 0.00
FICA - MEDICARE - EIC CREDIT -	0.00	0.00 0.00 0.00	0.00 0.00	0.00 0.00 0.00	0.00 0.00	0.00 0.00 0.00	0.00 0.00	0.00 0.00 0.00	0.00 0.00	0.00 0.00 0.00

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DEPARTMENT TOTALS

DEPARTMENT: 15 -01 CINEMA

NBR CHECKS - NET -	- 7566		2ND - QUARTER TOTALS 0 CHECK(S) 0.00		3RD - QUARTER TOTALS 0 CHECK(S) 0.00		4TH - QUARTER TOTALS 0 CHECK(S) 0.00		** TOTAL ** 13 CHECK(S) 7566.68	
*EARNINGS* GROSS -	HOURS	AMOUNT 10555.56	HOURS	AMOUNT 0.00	HOURS	TMUOMA 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 10555.56
SALARY - HOURLY PAY -	173.34 316.29	7934.28 2621.28	0.00 0.00	0.00 0.00	0.00 0.00	0.00	0.00	0.00 0.00	173.34 316.29	7934.28 2621.28
*DEDUCTIONS* OPTUM FUNDI HLTH SNG PR- HLTH SNG AF- DENTAL PRE - DENTAL AFTE- I.M.R.F -	EMPLOYER 0.00 0.00 0.00 0.00 0.00 907.68	DEDUCT 0.00 25.00 0.00 42.25 0.00 357.04	EMPLOYER 0.00 0.00 0.00 0.00 0.00	DEDUCT 0.00 0.00 0.00 0.00 0.00 0.00	EMPLOYER 0.00 0.00 0.00 0.00 0.00 0.00	DEDUCT 0.00 0.00 0.00 0.00 0.00	EMPLOYER 0.00 0.00 0.00 0.00 0.00	DEDUCT 0.00 0.00 0.00 0.00 0.00 0.00	EMPLOYER 0.00 0.00 0.00 0.00 0.00 907.68	DEDUCT 0.00 25.00 0.00 42.25 0.00 357.04
*TAXES* FEDERAL W/H- STATE W/H - FICA - MEDICARE - EIC CREDIT -	TAXABLE 10131.27 10131.27 10488.31 10488.31	TAX 1392.38 369.84 650.29 152.08 0.00	TAXABLE 0.00 0.00 0.00 0.00	XAT 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	XAT 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00 0.00	TAXABLE 10131.27 10131.27 10488.31 10488.31	TAX 1392.38 369.84 650.29 152.08 0.00

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0.00

EIC CREDIT -

PAYROLL HISTORY REPORT

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0.00

DEPARTMENT TOTALS DEPARTMENT: 30 -36 MOTOR FUEL FUND PROJ

1ST - QUARTER TOTALS NBR CHECKS - 0 CHECK(S)			2ND - QUARTER TOTALS 0 CHECK(S)		3RD - QUARTER TOTALS 0 CHECK(S)		4TH - QUARTER TOTALS 0 CHECK(S)		** TOTAL ** 0 CHECK(S)	
NET -	O Che	0.00	O CHE	0.00	O CHE	0.00	o cir	0.00	O CHE	0.00
*EARNINGS* GROSS -	HOURS	AMOUNT 0.00	HOURS	TMUOMA 00.0	HOURS	TMUOMA 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
*TAXES* FEDERAL W/H STATE W/H -	TAXABLE 0.00 0.00	TAX 0.00 0.00	TAXABLE 0.00 0.00	TAX 0.00 0.00	TAXABLE 0.00 0.00	XAT 00.00	TAXABLE 0.00	TAX 00.00 00.00	TAXABLE 0.00 0.00	TAX 0.00 0.00
FICA - MEDICARE -	0.00	0.00	0.00 0.00	0.00	0.00 0.00	0.00	0.00 0.00	0.00	0.00	0.00

0.00

0.00

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## DEPARTMENT TOTALS

DEPARTMENT: 70 -55 PAYROLL

1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER	R TOTALS	** TOTAL **		
NBR CHECKS -	HECKS - 31 CHECK(S)		0 CHECK(S)			CK(S)	0 CHECK(S)		31 CHECK(S)	
NET -		54183.21		0.00		0.00	5 5,112	0.00	01 01	54183.21
*EARNINGS*	HOURS	AMOUNT	HOURS	THUUMA	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		84244.28		0.00		0.00		0.00		84244.28
SALARY -	2426.50	79789.65	0.00	0.00	0.00	0.00	0.00	0.00	2426.50	79789.65
OVERTIME PA-	66.21	2845.83	0.00	0.00	0.00	0.00	0.00	0.00	66.21	2845.83
RANK DIFF -	155.00	351.97	0.00	0.00	0.00	0.00	0.00	0.00	155.00	351.97
SHIF/DIFF2 -	240.63	96.25	0.00	0.00	0.00	0.00	0.00	0.00	240.63	96.25
SHIF/DIFF3 -	317.00	237.75	0.00	0.00	0.00	0.00	0.00	0.00	317.00	237.75
SUN PREM -	48.00	61.52	0.00	0.00	0.00	0.00	0.00	0.00	48.00	61.52
LIC CERT -	0.00	569.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	569.46
DECLINE -	0.00	300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	300.00
NO PAY -	0.28	8.15-	0.00	0.00	0.00	0.00	0.00	0.00	0.28	8.15-
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	1100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1100.00
HLTH SNG PR-	0.00	175.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	175.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	183.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	183.31
LOAN PAYMEN-	0.00	35.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35.54
ST FARM INS-	28.16	27.94	0.00	0.00	0.00	0.00	0.00	0.00	28.16	27.94
IPPFA 457 P-	0.00	440.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	440.00
ENG LOCAL39-	0.00	2006.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2006.75
UNITED WAY -	0.00	37.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37.50
DENTAL PRE -	0.00	727.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	727.36
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	40.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.08
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	140.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	140.60
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHILD SUPPT-	0.00	410.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	410.04
CHAPTER 13 -	0.00	441.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	441.25
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -	0.00	297.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	297.50
PRIN 457% -	0.00	165.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	165.54
LOAN PYMT -	0.00	28.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.45
PRINCIPAL -	0.00	103.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	103.29
MISC -	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00
3, 12, 12, 12	9637.55	3790.99	0.00	0.00	0.00	0.00	0.00	0.00	9637.55	3790.99
VOL ADD CON-	0.00	231.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	231.75
ALLST-PRETA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-TAXAB-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD - MELLON ADD -	0.00 0.00	50.00 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
OPTUM ADD -			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE -	0.00 0.00	0,00 45.00	0.00 0.00	0.00	0.00 0.00	0.00	0.00	0.00	0.00	0.00
VETABORSE -	0.00	43.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.00
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	77511.42	10461.24	0.00	0.00	0.00	0.00	0.00	0.00	77511.42	10461.24
STATE W/H -	77511.42	2848.06	0.00	0.00	0.00	0.00	0.00	0.00	77511.42	2848.06
FICA -	82011.24	5084.73	0.00	0.00	0.00	0.00	0.00	0.00	82011.24	5084.73

3/11/2015 10:46 AM PAYROLL NO#: 01 - City of Grani		L HISTORY DRTED BY DEPARTMENT	REPORT	DATE: 3/01/2015 THRU	PAGE: 20 3/15/2015
	9.15 0.00 3.00	0.00 0.00	0.00 0.00	0.00 82011.24 0.00	1189.15 0.00

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DEPARTMENT TOTALS

DEPARTMENT: 71 -30 INDUSTRIAL PRETREATM

1ST - QUARTER TOTALS  NBR CHECKS - 1 CHECK(S)		2ND - QUARTER TOTALS 0 CHECK(S)		3RD - QUARTER TOTALS 0 CHECK(S)		4TH - QUARTER TOTALS 0 CHECK(S)		** TOTAL ** 1 CHECK(S)		
NET -		1662.71		0.00		0.00	0 0112	0.00		1662.71
*EARNINGS* GROSS -	HOURS	AMOUNT 2828.10	HOURS	TNUOMA 0.00	HOURS	AMOUNT	HOURS	AMOUNT 0.00	HOURS	AMOUNT 2828.10
SALARY CALL OUT	86.66 4.00	2600.75 180.06	0.00 0.00	0.00	0.00 0.00	0.00	0.00	0.00	86.66 4.00	2600.75 180.06
LIC CERT -	0.00	47.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47.29
*DEDUCTIONS*	EMPLOYER 0.00	DEDUCT 0.00	EMPLOYER 0.00	DEDUCT	EMPLOYER 0.00	DEDUCT 0.00	EMPLOYER 0.00	DEDUCT 0.00	EMPLOYER 0.00	DEDUCT 0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG PR- ST FARM INS-	0.00 1.28	25.00 1.27	0.00	0.00	0.00 0.00	0.00	0.00	0.00 0.00	0.00 1.28	25.00 1.27
IPPFA 457 P-	0.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
ENG LOCAL39-	0.00	72.25	0.00	0.00	0,00	0.00	0.00	0.00	0.00	72.25
UNITED WAY - DENTAL PRE -	0.00 0.00	0.00 19.78	0.00 0.00	0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 19.78
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	323.53	127.26	0.00	0.00	0.00	0.00	0.00	0.00	323.53	127.26
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	XAT
FEDERAL W/H- STATE W/H -	2456.06 2456.06	414.80 92.10	0.00 0.00	0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	2456.06 2456.06	414.80 92.10
FICA - MEDICARE -	2783.32 2783.32	172.57 40.36	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	2783.32 2783.32	172.57 40.36
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

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#### REPORT TOTALS

1ST - QUARTER TOTALS NBR CHECKS - 253 CHECK(S)		2ND - QUARTER TOTALS 0 CHECK(S)		3RD - QUARTER		4TH - QUARTER		** TOTAL ** 253 CHECK(S)		
NBR CHECKS -	253 C		U CHE		0 CHE		0 CHE		253 Ci	
NET -		414184.67		0.00		0.00		0.00		414184.67
*EARNINGS*	HOURS	AMOUNT	HOURS	TNUOMA	HOURS	TNUOMA	HOURS	AMOUNT	HOURS	THUUMA
GROSS -		627510.25		0.00		0.00		0.00		627510.25
SALARY -	20013.81	578667.52	0.00	0.00	0.00	0.00	0.00	0.00	20013.81	578667.52
HOURLY PAY -	473.29	4458.03	0.00	0.00	0.00	0.00	0.00	0.00	473.29	4458.03
SHORT/CHG -	36.00	998.07	0.00	0.00	0.00	0.00	0.00	0.00	36.00	998.07
REIM OT -	66.00	3328.70	0.00	0.00	0.00	0.00	0.00	0.00	66.00	3328.70
TIF ADMIN -	0.00	416.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	416.67
OVERTIME PA-	191.71	8331.14	0.00	0.00	0.00	0.00	0.00	0.00	191.71	8331.14
COURT TIME -	6.00	413.88	0.00	0.00	0.00	0.00	0.00	0.00	6.00	413.88
CALL OUT -	394.25	16476.04	0.00	0.00	0.00	0.00	0.00	0.00	394.25	16476.04
COR -	134.00	5360.00	0.00	0.00	0.00	0.00	0.00	0.00	134.00	5360.00
HOLIDAY -	48.00	1484.64	0.00	0.00	0.00	0.00	0.00	0.00	48.00	1484.64
RANK DIFF -	1444.50	2583.97	0.00	0.00	0.00	0.00	0.00	0.00	1444.50	2583.97
SHIF/DIFF2 -	240.63	96.25	0,00	0.00	0.00	0.00	0.00	0.00	240.63	96.25
SHIF/DIFF3 -	317.00 40.00	237.75	0.00	0.00	0.00	0.00	0.00	0.00	317.00	237.75
CDL LIC - DISPATCH 2 -	264.00	20.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	40.00	20.00
SUN PREM -	48.00	211.20 61.52	0.00 0.00	0.00	0.00	0.00	0.00	0.00 0.00	264.00	211.20 61.52
SUN FREM - SHIF/DIFF3 -	1013.00	658,45	0.00	0.00	0.00	0.00	0.00 0.00	0.00	48.00 1013.00	658.45
LIC CERT -	0.00	616.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	616.75
WC ED -	0.00	475.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	475.00
INJURED -	0.00	2557.47-		0.00	0.00	0.00	0.00	0.00	0.00	2557.47-
EMA COOR -	0.00	500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
DECLINE -	0.00	1995.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1995.00
NO PAY -	0.28	8.15-		0.00	0.00	0.00	0.00	0.00	0.28	8.15-
RETROREG -	0.00	497.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	497.28
LIEU OF -	36.00	754.44	0.00	0.00	0.00	0.00	0.00	0.00	36.00	754.44
CEU HOURS -	38.00	1433.57	0.00	0.00	0.00	0.00	0.00	0.00	38.00	1433.57
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
UMB FUNDING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM FUNDI-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	3850.00	0.00	0.00	0.00 0.00	0.00	0,00	0.00	0.00	3850.00
HLTH SNG PR-	0.00	575.00	0.00			0.00	0.00	0.00	0.00	575.00
HLTH SNG AF- HLTH FML AF-	0.00	100.00 550.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00	0.00	0.00	0.00	100.00 550.00
PBPA CHIEF -	0.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00
LOAN PAYMEN-	0.00	1276.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1276.96
LOAN PAYMEN-	0.00	672.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	672.36
LOAN PAYMEN-	0.00	414.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	414.14
ST FARM INS-	185.60	184.15	0.00	0.00	0.00	0.00	0.00	0.00	185.60	184.15
AMER HERITA-	0.00	102.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	102.71
IPPFA 457 P-	0.00	7434.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7434.28
RELIEF & WE-	0.00	85.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	85.00
ENG LOCAL39-	0.00	2079.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2079.00
PBPA LABOR -	0.00	2660.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2660.00
AFSCME 31 -	0.00	1017.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1017.50
TEAMSTERS52-	0.00	945.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	945.00
LABORER 397-	0.00	616.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	616.00
UNITED WAY -	0.00	671.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	671.49

3/11/2015 10:46 AM PAYROLL NO#: 01 - City of Granite City		PAYROLL HISTORY SORTED BY DEPARTMENT			REPORT		DATE: 3	/01/2015 THRU	PAGE: 23 3/15/2015	
DENTAL PRE -	0.00	2046.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2046.09
DENTAL AFTE-	0.00	1110.71	0.00	0.00	0.00	0.00	0,00	0.00	0.00	1110.71
BAS 125 PLA-	0.00	125.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125.00
POLICE/FIRE-	0.00	695.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	695.15
AMERITAS PR-	0.00	453.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	453.60
AMERITAS AF-	0.00	186.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	186.16
DENTAL PRE -	0.00	598.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	598.09
DENTAL AFT -	0.00	89.85	0.00		0.00	0.00	0.00	0.00	0.00	89.85
253 FIRE PA-	0.00	198.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	198.50
ADD FIRE PA-	0.00	40.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.50
CHILD SUPPT-	0.00	3965.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3965.25
DIVERS 457%-	0.00	1426.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1426.58
CHAPTER 13 -	0.00	441.25	0.00	0.00	0.00	0.00	0.00	0.00		441.25
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		5.00							0.00	
GARN FEE -	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
GARNISHMENT-	0.00	348.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	348.00
CHAPTER 13 -	0.00	297.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	297.50
PRIN 457% -	0.00	165.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	165.54
PRIN LOAN -	0.00	57.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57.68
LOAN PYMT -	0.00	109.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	109.05
PRINCIPAL -	0.00	1818.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1818.29
MISC -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	30650.97	12056.79	0.00	0.00	0.00	0.00	0.00	0.00	30650.97	12056.79
POL PENSION-	0.00	16899.33	0.00	0.00	0.00	0.00	0,00	0.00	0.00	16899.33
FIRE PENSIO-	0.00	15093.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15093.28
VOL ADD CON-	0.00	493.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	493.92
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-PRETA-	0.00	121.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	121.48
ALLST-TAXAB-	0.00	53.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53.06
2%-LABOR -	0.00	762.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	762.10
MELLON ADD -	0.00	307,98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	307.98
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	50.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.98
LOAN PAYMEN-	0.00	270.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	270.42
REIMBURSE -	0.00	61.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61.66
UMB ADDITIO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADD PRE-	0.00	68.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68.75
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-		82558.75	0.00	0.00	0.00	0.00	0.00	0.00	579563.45	82558.75
STATE W/H -		21473.01	0.00	0.00	0.00	0.00	0.00	0.00	579563,45	21473.01
	271637.91	16841.62	0.00	0.00	0.00	0.00	0.00	0.00	271637.91	16841.62
	602835.72	8741.07	0.00	0.00	0.00	0.00	0.00	0.00	602835.72	8741.07
EIC CREDIT -		0.00		0.00		0.00	~.~~	0.00		0.00
TTO OTHERT		V. VV		0.00		0.00		0.00		0.00